

UNIVERSITY OF CANTERBURY

# **Women, Migration, and Madness**

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A case study of Seaview Lunatic Asylum, 1872-1915

*'This dissertation is submitted in part fulfilment of the requirements for the degree of BA Honours in History at the University of Canterbury. This dissertation is the result of my own work. Material from the published or unpublished work of other historians used in the dissertation is credited to the author in the footnote references. The dissertation is approximately 9,975 words in length.'*

Category One

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## Abstract

This dissertation examines the interconnections between migration, madness, and femininity through a case study of the women committed to Seaview Lunatic Asylum on New Zealand's West Coast from 1872 to 1916. Psychiatric histories that include discussions of the effects that migrating to the goldfields can have on migrant's mental health have been a recent development, although a number of these studies tend to focus on men. Moreover, while there have been studies of the connections between migration and insanity on nineteenth-century goldfields in Otago and Victoria, this has never been attempted for the West Coast. In order to bridge this gap, I examine women's migration and mobility patterns during the West Coast rushes in addition to demographics within the asylum and the West Coast population to locate the Seaview women with the framework of broader cultural and societal trends. I then consider the ways which 'social stressors' and dominant attitudes towards femininity and ethnicity on the goldfields are reflected in women's experiences of madness. The Seaview women were highly mobile, both nationally and internationally, and were part of strong Trans-Tasman migration patterns. Like many other nineteenth-century asylums, diagnoses of insanity became highly gendered because of the influence of colonial views of femininity, making perceptions and experiences of women's madness different from men's. Asylum records also mirror the blurred ethnic boundaries that characterised the West Coast in this period, and 'social stressors' such as the harsh environmental conditions on the goldfields, domestic concerns and working conditions greatly influenced the deterioration of women's mental health and committal to Seaview.

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## Abbreviations

ANZ	Archives New Zealand Te Rua Mahara o te Kāwanatanga
BDMR	New Zealand Government Internal Affairs, Birth, Death and Marriage Historical Records
CHLA	Casebook- Hokitika Lunatic Asylum
CRO	Christchurch Regional Office
HMRC	Hokitika Museum Research Centre
Register of patients	Register of patients and book of admissions - South Spit Hospital lunatic ward
PFR	Pioneer Family Register For the West Coast to 1900/After 1900
SHCB	Sunnyside Hospital Casebook
SNZ	Statistics New Zealand
WRO	Wellington Regional Office

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## **Terms and Definitions**

Terms such as ‘madness’, ‘insanity’ and ‘lunacy’ are used as they were in the nineteenth and early twentieth centuries. Similarly, the nineteenth- and early twentieth-century definitions of mental illnesses such as depression, mania, dementia, ‘idiocy’ and ‘imbecility’ are utilised, with definitions given in a footnote where the meaning is not clear.

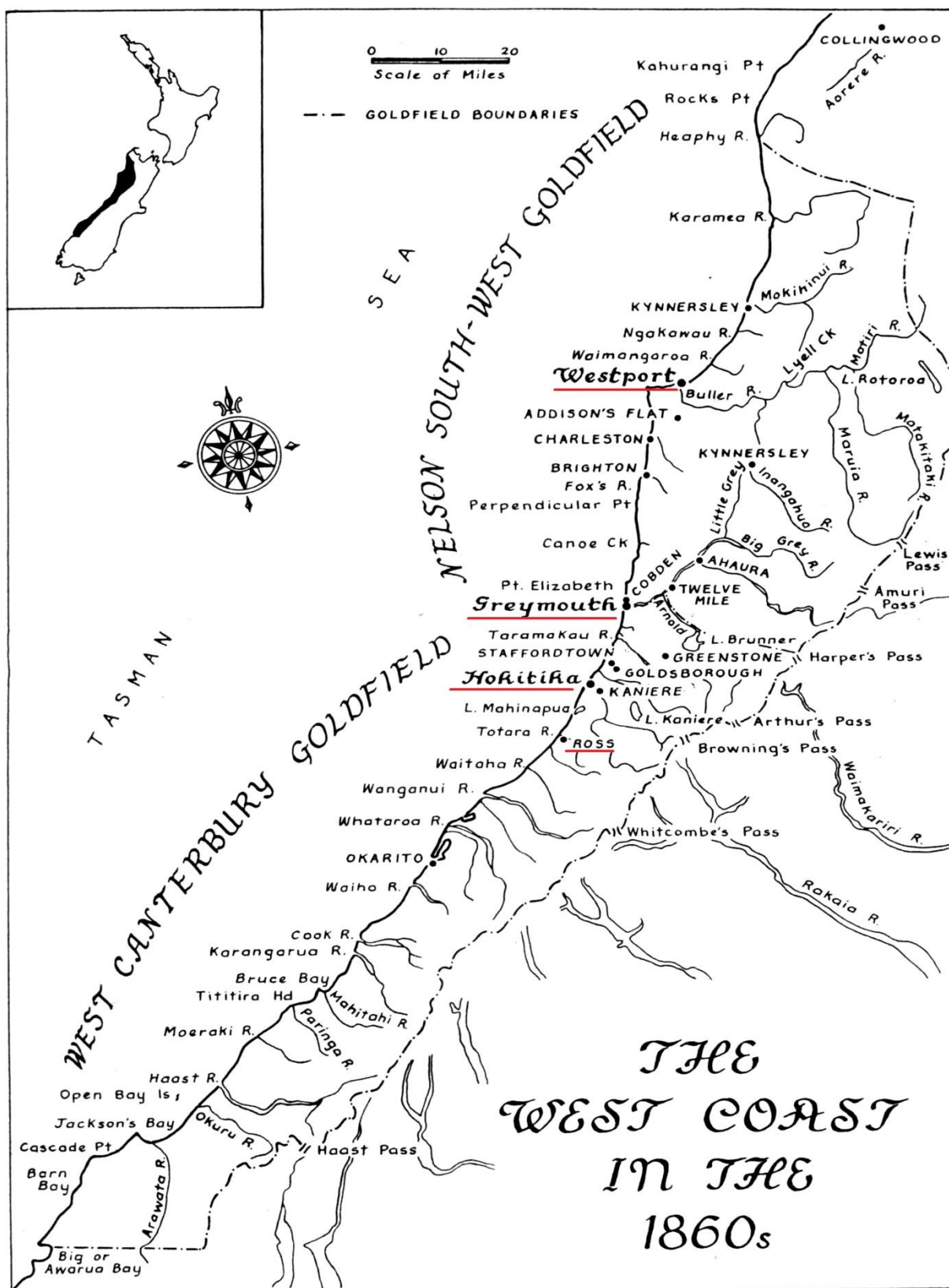


Figure 1: Map of the West Coast of New Zealand, 1860s

Notes: City centres mentioned in Appendix 1, Table 1 indicated where applicable.

Source: P.R. May, *The West Coast Gold Rushes*, Christchurch, Pegasus, 1962.

## Introduction

“There is scarcely any human act so important in its consequences as that of exchanging one country for another.”<sup>1</sup>

Sidney (Sydney) Frith was admitted to the Seaview Lunatic Asylum on Hokitika’s Seaview Terrance on 31 July 1872 as ‘Eliza Jane’, the name of her youngest daughter. Listed as a 30 year-old domestic from Ireland, she had left England with her husband Robert and their 11 month old son, James, aboard the *British Empire* in June 1863. They arrived in Lyttelton Harbour on 6 September 1864, and buried their infant son just a few days later, before settling in Waimea, a small mining town on the West Coast, near Hokitika. The couple had three children between 1864 and 1870, and Sidney cared for them while her husband operated a hotel. However, Robert abandoned a pregnant Sidney in November 1870, and she was admitted to the lunatic ward of South Spit Hospital one month later. The asylum records stated that she had lived “a life of dissipation, drink and excitement”.<sup>2</sup> Her children were placed in the care of the Benevolent Society, and Robert, who was believed to be on the goldfields, was contacted by police to care for his children to no avail. Sidney gave birth to their youngest child at South Spit in 1871. She was transferred to Seaview Asylum in Hokitika soon after its establishment in 1872, suffering at the time from ‘delusions of pregnancy’. Her husband was never found after 1873, but oral testimony suggests that he went to Australia to escape creditors. Sidney, meanwhile, remained in the asylum until her death on 11 December 1902, after developing septicaemia following a foot amputation.<sup>3</sup>

Sidney’s story raises important questions regarding the connection between migration, women and ‘madness’ in the nineteenth and early twentieth centuries. The links between migration and mental health have received relatively little attention from historians, with

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<sup>1</sup> R. Howitt, *Impressions of Australia Felix. During Four Years’ Residence in that Colony*, London, Longman, Brown, Green and Longmans, 1845, p. 205, cited in E. Malcolm, ‘Mental Health and Migration: The Case of the Irish, 1850s-1990s’ in A. McCarthy and C. Coleborne (ed.), *Migration, Ethnicity, and Mental Health: International Perspectives, 1840-2010*, New York and London, Routledge, 2012, p. 15.

<sup>2</sup> ANZ CRO, CHLA, CAHW CH22/87, p. 166.

<sup>3</sup> Sources used for Sidney’s history are HMRC, PFR, no. 227; N.J. Farquhar, ‘The Frith Family’ [genealogy report], 1985; D. Lumsden, ‘The Cloak of Deception’ [Family history article]. This article was written by Sidney’s great granddaughter; CAHW CH22/87, p. 166; ANZ CRO, CHLA, CAHW CH22/88, pp. 24, 364, 396; and ANZ CRO, CHLA, CAHW CH22/90, p. 99.



most work focussing on the histories of individual institutions. Recently, however, scholars have developed new ways to address the history of mental health. It is more common now to view institutionalisation from an international perspective and to adopt transnational and comparative approaches to the subject.<sup>4</sup> Although asylum historians have explored factors such as class and gender, much remains to be done in the area of mobility, migration and mental health.<sup>5</sup>

Although the interrelation between migration and ‘madness’ in a gold rush context is currently under-researched in Australasia, the connection between the two was made well before modern historians addressed the issue. One nineteenth-century commentator, for example, remarked as early as 1871 that “the migratory population from our gold fields, excited, by the varying chances of their fortune, and exhausted by hardship and exposure, swell the numbers of our lunatics out of all proportion to the population”.<sup>6</sup> The idea that migration can cause (or more reasonably, contribute to) committal to mental asylums is a stimulating one, and has often been approached using Roland Littlewood and Maurice Lipsedge’s ‘stress versus selection’ approach. This debate posits the question of whether the stresses of migration and life abroad caused mental illness, as opposed to whether potentially insane people were more likely to migrate.<sup>7</sup> Historians have generally reached a consensus that the stress caused after life in the adopted country fell short of expectations was more likely to result in asylum committal than stress caused immediately after migration.<sup>8</sup>

Recent studies, most notably those by historians such as Angela McCarthy, Catharine Coleborne and Elizabeth Malcolm, have made some of the most significant advances in bridging this gap in the historiography, especially in the cases of nineteenth- and early twentieth-century New Zealand and Australia. McCarthy focuses on Dunedin and Auckland

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<sup>4</sup> A. McCarthy, and C. Coleborne (ed.), *Migration, Ethnicity, and Mental Health: International Perspectives, 1840-2010*, New York and London, Routledge, 2012, pp. 1-3.

<sup>5</sup> McCarthy, and Coleborne, *Migration, Ethnicity, and Mental Health*, pp. 1, 7-8.

<sup>6</sup> W.S. Grace in *Appendix to the Journals of the Legislative Council*, 1871, pp. 196-7, in W. Brunton, *Sitivation 125: a history of Seaview Hospital, Hokitika and West Coast mental health services, 1872-1997*, Hokitika, Seaview Hospital 125th Jubilee Committee, 1997, p. 12.

<sup>7</sup> R. Littlewood and M. Lipsedge, *Aliens and Alienists: Ethnic Minorities and Psychiatry*, London, Unwin Hyman, 1989, pp. 84-90.

<sup>8</sup> A. McCarthy, *Migration, Ethnicity and Madness: New Zealand, 1860-1910*, Dunedin, Otago University Press, 2015, pp. 112, 115; McCarthy, and Coleborne, *Migration, Ethnicity, and Mental Health*, pp. 3-4, 6; A. McCarthy, ‘Migration and Madness in New Zealand’s Asylums, 1863-1910’, in A. McCarthy and C. Coleborne (ed.), *Migration, Ethnicity, and Mental Health: International Perspectives, 1840-2010*, New York and London, Routledge, 2012, p. 66.

asylums, and emphasises the significance of transnational ties, ethnicity and ethnic identity as well as antecedent experience in committal to and experiences in asylums. Coleborne explores the roles of ethnicity and colonialism in Australian asylums, particularly Yarra Bend in Victoria, and has dedicated studies to examining immigrant women in Yarra Bend in connection with ideas of colonialism and diaspora.<sup>9</sup> Malcolm, on the other hand, adopts a somewhat different approach in that she is one of many historians who have chosen to focus solely on the Irish experience, due to their overrepresentation in asylums throughout the nineteenth and early twentieth centuries. However, Malcolm approaches the subject in a significantly more transnational and comparative way than many previous studies, and compares statistics from Ireland with those of North America, Canada and Australia, in addition to analysing interdisciplinary explanations for the overrepresentation of the Irish in asylums.<sup>10</sup> However, there are still gaps in the historiography. As I noted above, these issues have never been investigated in relation to the West Coast goldfields.

## Sources and Methodology

This study draws heavily on primary research while utilising secondary sources to enable comparisons to be made between the West Coast, Otago and Victoria. I have adopted similar methodological approaches to this study as those found in studies by McCarthy, Coleborne and Elizabeth Malcolm. These scholars use qualitative and quantitative approaches which employ casebooks and record linkages to determine demographics, while also placing their findings in a broader context. As such, the Seaview Asylum casebooks housed in Archives New Zealand form the foundation of this study, while additional primary sources are used to build on the statistical and biographical information found in the casebooks: birth, death and marriage records; the Pioneer Family Register; cemetery records and biographical files from the Hokitika Museum Research Centre; and newspapers.

It became clear at an early stage that there are a number of limitations to many of these sources. Asylum casebooks, in particular, must be used with utmost scrutiny, given their nature and purpose, while also considering the subjectivity and mentality of the doctors who

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<sup>9</sup> See C. Coleborne, 'Insanity, Gender and Empire: Women Living a "Loose Kind of Life" on the Colonial Institutional Margins, 1870-1910', *Health and History*, vol. 14, no. 1, 2012, pp. 77-99. Available from: JSTOR, (accessed 29 March 2016).

<sup>10</sup> Malcolm, *Migration, Ethnicity, and Mental Health*, pp. 15-38.

wrote them. There were a number of instances where even basic information, such as a female patient's name, age or religion was either incorrect or not stated at all.<sup>11</sup> Furthermore, it is practically impossible to rely solely on casebooks when addressing issues surrounding migration and ethnicity in relation to madness as they are written from a medical perspective, so tend to assign biological causes to female mental illness rather than exploring potential social factors that might have contributed to their committal.<sup>12</sup> As a result, while casebooks are fundamental to this type of research, it is also necessary to read these sources against the grain and in conjunction with other materials in order to provide insights into the lives of women patients.

Another noteworthy difficulty is one that many historians encounter when researching women: they can be difficult, and even impossible in some instances, to find biographical data for because of name changes when they marry or adopt the surname of men they were cohabitating with. It is further complicated in a goldfield setting, where it was not uncommon for women to adopt aliases.<sup>13</sup> This can make compiling statistical and biographical data on female patients more difficult and there were several instances in this study where women were initially double-counted, as their first admission had been under a maiden name and readmissions under married names or aliases. Despite these limitations, however, asylum casebooks provide significant insights into West Coast goldfields society at the time.

It is also important to address some of the problems with some of the other archival sources used in this study. All forms of historical research require consideration of who the source was written by and thus how reliable the information is. For instance, the Pioneer Family Register files were written by descendants of West Coast pioneer families, sometimes a few generations removed. This means that all of the information recorded is not necessarily accurate. However, when used in conjunction with other primary sources to corroborate their information, they prove to be invaluable sources that made it possible to uncover the ethnicity, birthplace, and in some cases migration patterns for a number of female patients in this study.

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<sup>11</sup> CAHW CH22/87 (1869-1876) is particularly notable in this respect, where simple details were excluded more than not. However, subsequent casebooks kept more thorough records, although often being based solely on the patient's statements, they were not always correct.

<sup>12</sup> Brunton, *Sitivation* 125, p. 22.

<sup>13</sup> J. Bradshaw, "“Forgetting Their Place”: Women of abandoned character on the Otago goldfields", in L. Carpenter and L. Fraser (ed.), *Rushing for Gold: Life and Commerce on the Goldfields of New Zealand and Australia*, Dunedin, Otago University Press, 2016, pp. 165.

There were four distinguishable cases of the 165 women at Seaview Asylum who used aliases, with Lily Kum having adopted the surname of a man she was living with making her untraceable.

It is also worth noting that some of the potential limitations in adopting a gendered approach to this particular topic. There are only a handful of secondary sources about Seaview Asylum and they tend to focus on its institutional history or male patients, and pay little attention to women. However, a study like this has not been attempted for either male or female patients. McCarthy's work on Dunedin and Auckland asylums illustrates the value of comparisons between men and women, as they had very different experiences of migration, goldfields life, and asylums. The choice to limit this study to female patients was a practical one given the requirements of an Honours dissertation, and my intention is to pursue further study which compares men and women at Seaview. A focus on women's lives is also a useful corrective to recent histories which tend to take male diggers as illustrative examples of the stresses of goldfields life. This, in addition to the fact that 'unsuccessful' female migrants were generally omitted from New Zealand histories, compelled me to focus my dissertation on women's history.<sup>14</sup>

This study uses both quantitative and qualitative approaches to examine the experiences of women patients in West Coast goldfields asylums. The first chapter attempts to locate the women admitted to the Seaview Asylum from 1896 to 1915 and begins with a sustained effort to ascertain their mobility and residence. I use statistics to reveal their key demographic characteristics and compare their profile to the wider West Coast population. Chapter Two examines the ways in which broader social attitudes in colonial society influenced perceptions and expressions of 'madness' on the West Coast. There is a particular focus, first, on how colonial concepts of femininity influenced diagnoses in the asylum and, second, on the construction of ethnicity in the Seaview casebooks. Finally, I turn attention to 'social stressors' in the region – the environment, domestic troubles, and working conditions – and

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<sup>14</sup> For an entry into New Zealand women's history, see B. Brookes, *A History of New Zealand Women*, Wellington, Bridget Williams Books, 2016; B. Brookes, "'Cherishing hopes of the Impossible": Mothers, Fathers, and Disability at Birth in Mid-Twentieth-Century New Zealand', in T.P. Light, B. Brookes, and W. Mitchinson, *Bodily Subjects: essays on gender and health, 1800-2000*, Montreal, McGill-Queen's University Press, 2014. See also C. MacDonald, *A Woman of Good Character: Single Women as Immigrant Settlers in Nineteenth-century New Zealand*, Wellington, Allen & Unwin/Historical Branch, 1990; K. Pickles, 'Pink Cheeked and Surplus: Single British Women's Inter-War Migration to New Zealand', in L. Fraser and K. Pickles (ed.), *Shifting Centres: women and migration in New Zealand history*, Dunedin, University of Otago Press, 2002, pp. 63-80; F. Porter and C. MacDonald (ed.), with T. MacDonald, *'My Hand Will Write What My Heart Dictates': The unsettled lives of women in nineteenth-century New Zealand as revealed to sisters, family and friends*, Auckland, Auckland University Press and Bridget Williams Books, 1996; J. Bradshaw, "'Forgetting Their Place": Women of abandoned character on the Otago goldfields', in L. Carpenter and L. Fraser (ed.), *Rushing for Gold: Life and Commerce on the Goldfields of New Zealand and Australia*, Dunedin, Otago University Press, 2016, pp. 165-175; B. Brookes, C. MacDonald, and M. Tennant, *Women in History 2*, Wellington, Bridget Williams Books, 1992; B. Brookes, C. MacDonald, and M. Tennant, *Women in History: essays on European women in New Zealand*, Wellington, Allen & Unwin/Port Nicholson Press, 1986.

show how these could potentially influence the deterioration of a woman's mental health and eventual committal to Seaview. I offer comparisons between the West Coast, Victoria and Otago where appropriate in order to identify particular elements where the region conforms to, or differs from, patterns found in other goldfields places during the nineteenth and early twentieth centuries. In this respect, my hope is that the results of the Seaview case study will contribute to current research into the interrelation between migration and madness.

# Chapter One

## Mobility, Demographics, and the Seaview ‘Madwomen’

Several historians have noted that previous asylum and migration histories often focus on examples of ‘successful’ migration and colonialisation at the expense on those whose expectations of the new world did not live up to expectations.<sup>15</sup> Colonial lunatic asylums prove particularly fruitful ground for unearthing the experiences and significance of these ‘unsuccessful’ migrants, and provide a number of useful insights into migration, madness and colonial societies in general.<sup>16</sup> The first section of this chapter sets the scene before moving to a discussion of the mobility and geographical location of women committed to Seaview Asylum after its foundation in 1872. The second section provides a demographic profile of the women confined at the institution through a quantitative analysis of their ages, marital status, religion, occupations and birthplace and compares these to Victoria and Otago where possible. Historians like Elizabeth Malcolm have demonstrated the value of a comprehensive study of asylum patient demographics, as they not only allow for a greater understanding of the patients, but also the ways these fit in with the wider population.<sup>17</sup>

### Locating Seaview Women

The discovery of gold at Greenstone Creek in January 1864 marked the commencement of the West Coast gold rushes, and triggered the rapid growth of towns like Hokitika. British M.P. Sir Charles Dilke observed in 1866 that “San Francisco itself did not rise so fast, Melbourne not much faster”. Writing more recently, Philip Ross May noted that unlike other

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<sup>15</sup> A. McCarthy, ‘Migration and Madness in New Zealand’s Asylums, 1863-1910’, in A. McCarthy and C. Coleborne (ed.), *Migration, Ethnicity, and Mental Health: International Perspectives, 1840-2010*, New York and London, Routledge, 2012, p. 55; F. Porter and C. MacDonald (ed.), with T. MacDonald, *My Hand Will Write What My Heart Dictates’: The unsettled lives of women in nineteenth-century New Zealand as revealed to sisters, family and friends*, Auckland, Auckland University Press and Bridget Williams Books, 1996, pp. 4-7.

<sup>16</sup> C. Coleborne, ‘Insanity, Gender and Empire: Women Living a “Loose Kind of Life” on the Colonial Institutional Margins, 1870-1910’, *Health and History*, vol. 14, no. 1, 2012, pp. 77-99; C. Coleborne, *Insanity, identity and empire: immigration and institutional confinement in Australia and New Zealand, 1873-1910*, Manchester, Manchester University Press, 2015; A. McCarthy, *Migration, Ethnicity and Madness: New Zealand, 1860-1910*, Dunedin, Otago University Press, 2015, pp. 204-205.

<sup>17</sup> E. Malcolm, ‘Irish immigrants in a colonial asylum during the Australian Gold Rushes, 1848-1869’ in P. Prior (ed.), *Asylums, Mental Health Care, and the Irish*, Dublin, Irish Academic Press, 2012, pp. 119-148.

colonial goldfields, which had established ports before the rushes, “Hokitika was the creation of the West Coast rushes”.<sup>18</sup> Not surprisingly, the goldfields population was disproportionately male, but diggers were not the only ones who flocked to the latest El Dorado. As in Otago and Victoria, the miners were quickly followed by storekeepers, publicans, prostitutes, barmaids, merchants, sly grog-sellers and the like, who migrated to seek their fortune or a better life in the colony.<sup>19</sup> As such, women were always present during the West Coast gold rushes, albeit in smaller numbers than men. It is also worth recognising that there were women in the region before the rushes, as the Poutini Ngai Tahu inhabited the land before colonisation. Their numbers were small by the late 1850s due to the devastation caused by diseases the Europeans had brought earlier.<sup>20</sup> For instance, an 1842 account places six men and 15 women at a Poutini Ngai Tahu settlement in Taramakau.<sup>21</sup>

The emergence of asylums in the provincial ‘capitals’ of New Zealand are broadly comparable, yet the West Coast is unique in one respect. The rapid colonisation and the harsh conditions of life on the West Coast goldfields meant that “the time taken from initial settlement to the establishment of such an institution was much shorter”.<sup>22</sup> Initially, the insane were housed in the gaol on Seaview Terrace, with four patients under the care of a single prisoner on a short sentence, but they were inadequately cared for and were moved to the South Spit Hospital’s lunatic’s ward, which had no women’s section.<sup>23</sup> Scholars have noted the connection between lunatic asylums and colonialism, as they argue that they epitomise the idea of the ‘parental state’ and institutions’ use as a form of social remodelling.<sup>24</sup> Brunton argues that it was the combination of the inadequacies of the gaol and hospital to cater for the insane and concerns over the prevalence of alcoholism and “activities

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<sup>18</sup> P.R. May, *Hokitika: Goldfields Capital*, Christchurch, Pegasus Press, 1964, pp. 11-16.

<sup>19</sup> P.R. May, *The West Coast Gold Rushes*, Christchurch, Pegasus Press, 1962, p. 269.

<sup>20</sup> S. Nathan, 'West Coast region - Māori exploration and settlement', Te Ara - the Encyclopedia of New Zealand, <http://www.TeAra.govt.nz/en/west-coast-region/page-4>, (accessed 11 September 2016); May, *The West Coast Gold Rushes*, pp. 35, 61-64, 66-72.

<sup>21</sup> Cited in May, p. 34. It is exceedingly difficult to accurately determine Māori numbers in this period, as they were excluded from census records.

<sup>22</sup> W. Brunton, *Sitivation 125: a history of Seaview Hospital, Hokitika and West Coast mental health services, 1872-1997*, Hokitika, Seaview Hospital 125th Jubilee Committee, 1997, p. 11.

<sup>23</sup> C. Townsend, *Misery Hill: Seaview Terrace Hokitika, 1866-1909, the Home of the Dead, the Mad and the Bad*, Paeroa, Patricia Townsend, 1998, p. 10; Brunton, *Sitivation 125*, p. 11.

<sup>24</sup> Brunton, pp. 9-10; C. Coleborne, 'Insanity, Gender and Empire: Women Living a "Loose Kind of Life" on the Colonial Institutional Margins, 1870-1910', *Health and History*, vol. 14, no. 1, 2012, pp. 77-99; C. Coleborne, *Insanity, identity and empire: immigration and institutional confinement in Australia and New Zealand, 1873-1910*, Manchester, Manchester University Press, 2015, pp. 153-155.

of demimonde women” that contributed to the early establishment of a lunatic asylum on the West Coast.<sup>25</sup> Seaview Lunatic Asylum was founded in 1872, a mere eight years after the West Coast was colonised, and was built on Seaview Terrace with the gaol, hospital and cemetery. This location was chosen for its therapeutic potential, yet this quartet of institutions earned Seaview Terrace the gloomy moniker of ‘misery hill’, inhabited by the ‘mad, the bad, and the sad’.<sup>26</sup>

Consideration of women’s mobility and geographical location is integral to understanding how the Seaview women fit into broader patterns.<sup>27</sup> In his classic study, May established that there was a strong trans-Tasman element to West Coast migration, with a large proportion of people coming either directly from Australia, or by way of Otago.<sup>28</sup> This has been corroborated by a number of subsequent scholars, including Terry Hearn, who concludes that while the main migrant inflows into Auckland and Canterbury came from Britain, gold-mining influxes into Otago and the West Coast drew predominantly on Australian colonies, especially Victoria.<sup>29</sup> Although ‘the west island’ contributed a high proportion of West Coast migrants, few were Australian-born. Rather, they were “seasoned colonials” from parts of Britain and Ireland who gained experience on the goldfields of Victoria and Otago, and belonged to migrant networks that spanned the Tasman.<sup>30</sup> As May notes, the region was characterised by “a preponderance of young men and a small proportion of women; a smattering of foreigners, a big Irish minority, and a spicing from different classes; a background of colonial experience and ... an inhospitable environment—these were the elements which shaped the West Coast community”.<sup>31</sup> These patterns are reflected

<sup>25</sup> Brunton, pp. 12-13; ‘The Lunatic Asylums Of New Zealand’, *The British Medical Journal*, vol. 2, no. 1095, 1881, p. 1033. Available from: JSTOR, (accessed 27 June 2016). Alcoholism was of particular concern for the West Coast, as the annual consumption was well above the national average.

<sup>26</sup> Townsend, *Misery Hill*; L. Appignanesi *Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800 to the Present*, London, Virago Press, 2009.

<sup>27</sup> This particular disparity in the historiography is beginning to be addressed with works like McCarthy’s, who uses institutional data to trace Dunedin asylum patients’ mobility, and Fraser’s, who looks at the mobility and agency of the Irish on the West Coast. A. McCarthy, *Migration, Ethnicity and Madness: New Zealand, 1860-1910*, Dunedin, Otago University Press, 2015, pp. 103-110; Fraser, *Rushing for Gold: Life and Commerce on the Goldfields of New Zealand and Australia*, pp. 176-187; L. Fraser, *Castles of Gold: A History of the West Coast’s Irish*, Dunedin, Otago University Press, 2007.

<sup>28</sup> May, *The West Coast Gold Rushes*, pp. 269-274.

<sup>29</sup> Phillips, ‘Provincial and Gold-rush years, 1853-70’, pp. 2, 5, 9.

<sup>30</sup> May, *The West Coast Gold Rushes*, p. 269; Phillips, ‘Provincial and Gold-rush years, 1853-70’, pp. 1-7; Fraser, *Castles of Gold*, pp. 11-13, 28.

<sup>31</sup> May, *The West Coast Gold Rushes*, pp. 273-274. May identifies this “smattering of foreigners” as coming mostly from Germany and Scandinavia, with smaller proportions from the Netherlands, Italy, France, Switzerland, Portugal and Spain.



in the experiences of the Seaview women and their relatives, many of whom had spent time in Australia. Eva Hindmarsh (later Guinness), who was first admitted to Seaview with mania in 1886, is one such example. Her father, William H.S. Hindmarsh, was born on Norfolk Island to English- and Irish- born parents. He was educated in London before marrying English-born Mary Frances Dodds in Sydney. Six of the couple's 13 children were born here before they went to the West Coast.<sup>32</sup>

A careful consideration of where women were living on the West Coast is also necessary to understand women's mobility in this period. The statistics used in this section are only applicable to 'white' settlers, as Māori were excluded from census records during the period under examination. Census records suggest that higher proportions of women lived in urban centres like Hokitika, Greymouth, Kumara, Westport, Ross and, later, Brunner, rather than more remote goldfields or agricultural areas (Figure 1).<sup>33</sup> For instance, even at its lowest point in 1878, 69.9 percent of West Coast women recorded in the census resided in these six urban areas, and reached its peak in 1906 at 98.0 percent (Appendix 1 Table 1). Moreover, Hokitika, Greymouth and Westport remained the three most highly populated urban centres between 1878 and 1886.

This is reflected to a certain extent in Seaview Asylum. Of the 44 women whose place of residence was stated in the admissions register, 13 were from Greymouth, and eight were from Hokitika. Moreover, although only an average of 8.0 percent of West Coast women lived in Kumara according to the census, nine of these 44 women were said to be living in

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<sup>32</sup> T. Devescovi, *Family Group Record for Hindmarsh family*, [Genealogy], Westport Genealogy and History Group, prepared 13 January 2014; HMRC, PFR, no. 329 and 1787; *Cyclopedia of New Zealand*, Vol. 5, Nelson, Marlborough and Westland, cited in J. Bradshaw, (ed.), *The Diggers' Story: Accounts of the West Coast Gold Rushes*, Christchurch, Canterbury University Press, 2014, p. 21.

Other examples include Fanny Adams, a 20 year-old servant, and 38 year-old housewife Maud Ball both had fathers who were patients in New South Wales asylums, while 31 year-old Irishwoman Mary Leislip had been in Farra Bend Asylum, Victoria, "some years ago". CAHW CH22/88, p. 104; CAHW CH22/91, p. 122. Maud Ball's father was stated as being a patient at Parramatta Asylum in New South Wales; CAHW CH22/88, p. 23.

<sup>33</sup> SNZ, *Results of a Census of the Colony of New Zealand for the night of the 3rd March 1878*, 1878, [https://www3.stats.govt.nz/historic\\_publications/1878-census/1878-results-census.html](https://www3.stats.govt.nz/historic_publications/1878-census/1878-results-census.html), (accessed 1 July 2016); SNZ, *Results of a Census of the Colony of New Zealand taken for the night of the 28th March 1886*, 1886, [https://www3.stats.govt.nz/Historic\\_Publications/1886-census/Results-of-Census-1886/1886-results-census.html](https://www3.stats.govt.nz/Historic_Publications/1886-census/Results-of-Census-1886/1886-results-census.html), (accessed 1 July 2016); SNZ, *Results of a Census of the Colony of New Zealand taken for the night of 12th April 1896*, 1896, [https://www3.stats.govt.nz/historic\\_publications/1896-census/1896-results-census.html](https://www3.stats.govt.nz/historic_publications/1896-census/1896-results-census/1896-results-census.html), (accessed 1 July 2016); SNZ, *Results of a Census of the Colony of New Zealand Taken for the night of the 29th April, 1906*, 1906, [https://www3.stats.govt.nz/historic\\_publications/1906-census/1906-results-census/1906-results-census.html](https://www3.stats.govt.nz/historic_publications/1906-census/1906-results-census/1906-results-census.html), (accessed 1 July 2016).

Similar results are also expressed for Irish women using census statistics in L. Fraser, *Castles of Gold: A History of the West Coast's Irish*, Dunedin, Otago University Press, 2007, pp. 24-25.

Kumara before their admission to the asylum. The high visibility of women in urban centres of the West Coast reveals much about the region's social structure, including the high demand for domestic servants and the lack of employment opportunities for women on the diggings or in other rural areas.<sup>34</sup> Therefore, the majority of women on the West Coast, including many of those at Seaview, resided in urban areas because it allowed for greater access to employment opportunities.<sup>35</sup>

## Demographics

Seaview had around 165 women patients between 1872 and 1915, a number of whom were transferred from the South Spit Hospital lunatic ward when the asylum opened.<sup>36</sup> Aside from the 1872 volume, all the Seaview casebooks begin with the patient's name, age, occupation, marital status, admittance date, and religion, before describing their mental affliction and potential causes (Figures 2 and 3).<sup>37</sup> This data forms the foundation for demographic analysis of Seaview's female population, and has been extended through record linkages with a variety of other sources.

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<sup>34</sup> Fraser, *Castles of Gold*, p. 25.

<sup>35</sup> See C. Bishop, Women on the Move: Gender, Money-Making and Mobility in Mid-Nineteenth-Century Australasia, *History Australia*, vol. 11, no. 2, pp. 38-59. Available from: Routledge Taylor & Francis Group, (accessed 2 August 2016); C. Coleborne, *Insanity, identity and empire: immigration and institutional confinement in Australia and New Zealand, 1873-1910*, Manchester, Manchester University Press, 2015; and L. Fraser, "'Prity Fare Trade at Present': Irish women, mobility and work on the West Coast goldfields", in L. Carpenter and L. Fraser (ed.), *Rushing for Gold: Life and Commerce on the Goldfields of New Zealand and Australia*, Dunedin, Otago University Press, 2016, pp. 176-187 for more in-depth studies of colonial mobility in Australasia.

<sup>36</sup> ANZ CRO, CHLA, CAHW CH22/87; ANZ CRO, CHLA, CAHW CH22/88; ANZ CRO, CHLA, CAHW CH22/89; ANZ CRO, CHLA, CAHW CH22/90; ANZ CRO, CHLA, CAHW CH22/91.

<sup>37</sup> The 1872 casebook is the earliest extant casebook, and unlike the others, its record-keeping methods were highly inconsistent. Some cases would only have the name and date of admittance noted, while others included marital status and affliction in the notes. However, religion, occupation and even age were very rarely stated.

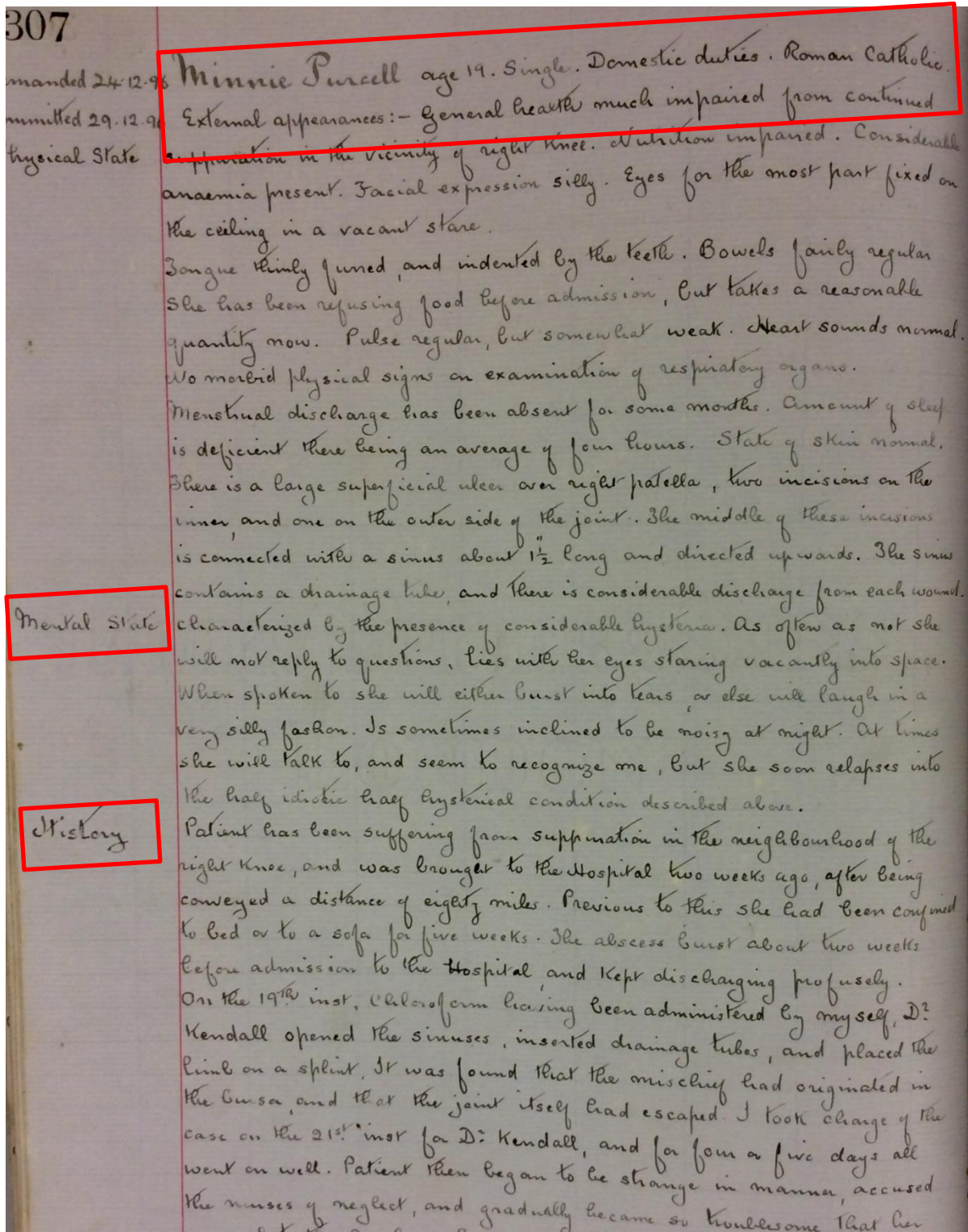


Figure 2: Minnie Purcell Casebook Entry, Seaview Asylum 1888-1906

#### Notes

The first two lines state the patient's name, then age, marital status, occupation, religion, then external appearance. The following sections include 'mental state' and 'history' (sections indicated in red).

Source: ANZ CRO, CHLA, CAHW CH22/89, p. 307. (Photograph by Renée Julian).



Name	Age	Occupation	Married or	Admitted	Registered No.	
Minnie Purcell	21 years (22)	Domestic servant	Single	Received 27.1.99 Committed 1.2.99	657	Roman Catholic
Form of Mental Disease	Predisposing Cause	Exciting Cause	Duration of Attack	No. of previous Attacks	Bodily Condition	Discharge
Mania	Previous attack	Unknown	Some weeks	One previous	Average	21.6.1901

Medical Certificate by Dr. Seichelmann, Hokitika I.

"Is apparently quite unable to fix her attention sufficiently to understand anything that is said to her. Laughs occasionally in a helpless sort of way. Does not answer any question, appears not to comprehend. Holds her hand up to her head every now and again as if trying to collect her thoughts."

"Mary Warren, attendant Hokitika Asylum states that she sits silent by herself, won't talk, does not answer anything. Does not appear to understand what is said to her."

Medical Certificate by Dr. Scott, Kumara I.

"After many questions and inquiries, she will answer an inquiry and then lapse into silence."

"Occasionally she will arise with one hand uplifted in a devotional attitude, or else sit down with her hands clasped, gazing into vacancy."

"Mrs Duckworth, Hotelkeeper at Kumara Junction states: - Miss Minnie Purcell has been in my employ for several weeks as servant, she has been peculiar in her actions most of the time, but the last week she has been quite silly, and I have kept her in her room, as I was afraid she would wander away to the bush. The last few days when in her room she has been singing and laughing immoderately at times, while at other times she appears to be praying to herself and quite unconscious of her surroundings. Last night, when trying to persuade Miss Purcell to go to bed, she seized me by the shoulder & flung me down beside, severely injuring my arm and shoulder."

Family History— No hereditary taint admitted by her family.

Previous History— Patient was under treatment here from 24.12.96 to 29.8.97, and made a good recovery. For history of previous attack see Case Book II at page 307. Of late she has been employed at domestic duties in a hotel, and for some weeks has been showing mental symptoms, as will be seen by the statement of Mrs Duckworth in Dr. Scott's certificate.

Present Condition— General demeanour silly and preoccupied, at times a question has to be put several times before she will reply, or perhaps she will not reply at all. Has a habit of gazing into vacancy, and it is difficult to attract her attention. She cannot enter into any rational conversation. Kinds of strange attitudes.

Figure 3: Minnie Purcell Casebook Entry, Seaview Asylum 1898-1908

#### Notes

This casebook is similar to that in Figure 1 in that they list similar details and prescribed to a specific format, but this later casebook is more rigidly structured. In addition to stating the factors mentioned above, it also includes 'predisposing cause' and 'exciting cause' of mental illness as well as a list of previous attacks and more detailed histories.

Source: ANZ CRO, CHLA, CAHW CH22/91, p. 14. (Photograph by Renée Julian).

### 1. *Ethnicity*

Of all of the categories examined in this chapter, the most difficult to determine was patients' ethnicity. The forefront of this problem is that the Seaview casebooks rarely explicitly state ethnicity or birthplace, with the minority of 'unusual' ethnicities (namely Central European and Chinese) being the only instances where this is plainly recorded. Furthermore, a patient's ethnicity is more often than not only discernible through comments in the case-notes where a patient's place of birth is inadvertently referenced. For instance, 40 year-old Irishwoman Susan O'Connell is noted as accusing the doctor (presumably the Asylum Superintendent, Hugh Gribben) of being Frederick Gibben "whom she knew in Dublin, and who has done her all kinds of injuries for which she threatens all kinds of revenge when she gets out".<sup>38</sup> A similar statement is made for Jane Cochrane, who is remarked to remember one of the doctors as a schoolteacher in Belfast.<sup>39</sup> It is clear that while these statements identify Susan and Jane as Irishwomen, it is a result of nonchalant observations regarding their delusions rather than an intentional identification of ethnicity on the part of the doctors. As a result, a significant number of women's birthplaces remain unknown, with only 64 of the 165 women examined having this information available from either the casebooks or other archival sources. As such the statistics on ethnicity are more suggestive than exhaustive. Despite these limitations, the discernible ethnic distribution of female patients at Seaview nevertheless shows interesting trends.

There are a number of distinct ethnicities (or more specifically, birthplaces) in the Seaview statistics of female patients, the larger proportion being Irish, English and Australian, with Scottish, Italian, Norwegian, and German minorities (Appendix 2, Table 2.1). One of the most notable implications of the Seaview birthplace statistics is that although the Irish-born form the largest minority, they are significantly underrepresented in proportion to the general population. Irish-born women comprised 18.8 percent of female patients, with the next largest proportions being Australian (9.1 percent), and English (4.8 percent). While Irish-born women formed a substantial minority of the West Coast's female population (average of 27.5 percent from 1878-1916), it was not an overwhelming minority, with an average of 30.2 percent and 21.4 percent of women on the West Coast being English and Australian

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<sup>38</sup> CAHW CH22/89, p. 205.

<sup>39</sup> CAHW CH22/90, p. 247.

respectively between 1878 and 1916 (Appendix 2, Table 2.2).<sup>40</sup> This comparison does indicate, however, that the Irish-born may have been underrepresented at Seaview, contrary to previous studies that show that they were overrepresented in asylums throughout the diaspora.<sup>41</sup> Moreover, the proportion of Australian women committed to Seaview (27.5 percent) generally corresponds to their representation in the general population, but this is not so in the case of the English. Instead, Englishwomen are somewhat underrepresented at Seaview, considering they were the second largest ethnic group on the West Coast (29.1 percent in 1878). However, it is possible that this discrepancy is influenced by the difficulty in ascertaining a larger portion of the patient population's birthplace, with English patients very rarely having any remarks in their case notes marking them as British.

Although an examination of ethnic groups in asylums is undeniably important, we must consider 'silences' in the available data. One of the most glaring omissions is the lack of Chinese women in Seaview. There were no Chinese women admitted to Seaview between 1872 and 1915, other than 14 year-old epileptic, Emily DiMing, who was a 'half-caste' with a Chinese father.<sup>42</sup> Another ethnic group absent from Seaview's records that warrants recognition is the lack of Māori. There are a number of potential explanations that might account for this statistical absence, the mostly likely of these being that it is reflective of the way that that Māori saw and managed mental illness socially and culturally.<sup>43</sup> That is, Māori

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<sup>40</sup> Although all of the Seaview percentages are low compared to their proportion of the population due to the very high percentage of patients whose birthplaces were unobtainable (61.2 percent), evidence suggests that the majority of the Irish-born patients have been accounted for. As a result, it is harder to draw any significant conclusions for the low percentage of Australian- and England-born migrants, yet the statistics on the comparative underrepresentation of the Irish-born at Seaview is highly suggestive.

<sup>41</sup> See, for instance, N. Sheppard-Hughes, *Saints, Scholars, and Schizophrenics: Mental Illness in Rural Ireland*, Berkeley, University of California Press, 2001; Malcolm, *Asylums, Mental Health Care, and the Irish*, pp. 119-148; and A McCarthy, 'Transnational ties to home: Irish migrants in New Zealand asylums, 1860-1926' in P. Prior (ed.), *Asylums, Mental Health Care, and the Irish*, Dublin, Irish Academic Press, 2012, pp. 149-166.

<sup>42</sup> CAHW CH22/91, p. 148. The lack of Chinese women in Seaview appears peculiar at first, considering that the West Coast gold rushes resulted in an influx of Chinese miners. However, while indeed there were many Chinese men living in Westland County between 1878 and 1896 (251 in 1878; 252 in 1886 and 142 in 1896), there were no Chinese women recorded in the census for these years, which easily accounts for their absence in asylum records. SNZ, *Results of a Census 1878*, 1878; SNZ, *Results of a Census 1886*, 1886, SNZ, *Results of a Census 1896*, 1896; SNZ, *Results of a Census 1906*, 1906.

<sup>43</sup> Māori saw mental illness in more spiritual terms, as their word for mental illness, *mate Māori*, is defined as "Māori sickness - psychosomatic illnesses attributed to transgressions of *tapu* or to *māku*". The Māori Dictionary, <http://maoridictionary.co.nz/search?idiom=&phrase=&proverb=&loan=&histLoanWords=&keywords=mate+maori>, (accessed 24 July 2016).

were less likely to access public health services, instead opting to care for the mentally ill within the whanau.<sup>44</sup>

Therefore, to sum up the ethnic diversity of the women in Seaview Asylum, a sizable minority of patients were Irish, followed by Australian and English. However, there were also a few different ethnic groups represented in a lower proportion, namely Scottish, and those from Continental Europe.

## 2. Ages

There was a significant amount of variation in the ages of the Seaview women, with the youngest patient, Marion McMillan, being only four years old when admitted, and Sarah Glover being the eldest at 85.<sup>45</sup> However, girls under ten years old, like Marion, and women over 75, like Sarah, were a minority at Seaview, with almost half of the female patients being between 26 and 45 years of age (Appendix 3, Table 3). These results are more telling when compared with the general West Coast population, as census records show that at most, women of this age bracket encompass 32.1 percent of the Westland population in 1878, and 17.3 percent at its lowest in 1896.<sup>46</sup> This suggests that women in this age bracket (especially those aged between 26 and 35) were more likely to be affected by mental health issues that resulted in asylum committal, and that this is not simply a reflection of the general age distribution of women on the West Coast in this period. These findings match both Malcolm's study of Irish migrants in Yarra Bend Asylum, Victoria, and Jeremy Bloomfield's research of Dunedin Lunatic Asylum. Malcolm's results show that most Irishwomen at Yarra Bend were in their late twenties to early thirties at their admission, while Bloomfield reveals

<sup>44</sup> Academy for Māori Research and Scholarship, 'Māori Mental Health: Past Trends, Current Issues, and Māori Responsiveness', *Research School of Public Health, Massey University*, 2005, p. 5, <https://www.massey.ac.nz/massey/fms/Te%20Mata%20O%20Te%20Tau/Publications%20-%20Te%20Kani/T%20Kingi%20Maori%20mental%20health%20past%20trends,%20current%20issues%20and%20maori%20responsiveness.pdf?F75EF557F737ADD00BD69E78210D49C9>, (accessed 24 July 2016). See T. Ballantyne, *Entanglements of Empire: Missionaries, Maori, and the Question of the Body*, Ch. 5, Auckland: Auckland University Press, 2015, pp. 191-196 for a brief discussion of Māori beliefs about the role of mate Māori and atua (supernatural being) on physical health and the way these beliefs were viewed by missionaries in the nineteenth century.

<sup>45</sup> CAHW CH22/89, p. 61; CAHW CH22/91, p. 185.

<sup>46</sup> SNZ, *Results of a Census 1878*, 1878; SNZ, *Results of a Census 1886*, 1886, SNZ, *Results of a Census 1896*, 1896; SNZ, *Results of a Census 1906*, 1906. Note that the census for 1916 does not include age brackets for the different counties.

that the 30-34 age bracket was the most common amongst women at the Dunedin Asylum.<sup>47</sup> Bloomfield attributes this to the anxieties women in this age bracket faced, as this was the time that many were getting married and having children.<sup>48</sup>

### 3. Marital Status

The marital status of women was quite well recorded, even in earlier casebooks when record-keeping methods were poor. Asylum records, when supplemented by record linkages with other primary sources such as cemetery and marriage records, show that more than half of female Seaview patients were married, with 26.3 percent single and 16.9 percent widowed (Appendix 4, Table 4.1). This echoes the general trend in the West Coast population in 1878 and 1886, where married women form an overwhelming majority, before becoming proportionately equal to single women between 1896 and 1906 (Appendix 4, Table 4.2). These trends are similar to those reported for the Dunedin Asylum, where 29.0 percent of female patients were married, with single women comprising only 9.7 percent in 1871.<sup>49</sup>

Moreover, there was a high proportion of widows in the asylum (16.9 percent), more than twice that of the general population from 1878 to 1896 (3.7 percent in 1878 to 10.2 percent in 1906). This suggests that spousal death in a goldfield setting was a contributing factor to mental illnesses like depression, and asylum committal for some women. This was certainly the case for Eva Guinness (née Hindmarsh), who was readmitted to Seaview with ‘melancholia’ caused by “miscarriage and spouse death”, as her husband John died in August 1904 after falling from his horse at work.<sup>50</sup> The high proportion of widows at Seaview is particularly suggestive when compared with other goldfield asylums, such as Malcolm’s

<sup>47</sup> Malcolm, *Asylums, Mental Health Care, and the Irish*, p.131-132, 143-144; J.H. Bloomfield, ‘Dunedin Lunatic Asylum 1863-1876’, in B. Brookes and J. Thomson (ed.), *‘Unfortunate Folk’: Essays on Mental Health Treatment 1863-1992*, Dunedin, University of Otago Press, 2001, p. 26.

It is also worth noting that children under 14 appear to be considerably underrepresented in the asylum, given that they comprised a significant proportion of the West Coast population (51.3 percent in 1878 and steadily decreasing to 31 percent in 1906). However, this underrepresentation is easily accounted, considering that it was uncommon for children to be admitted to asylums, with the main cause for doing so being cases of ‘congenital idiocy’ or, as in Emily DiMing’s case, her mother died leaving her father unable to manage her epilepsy while also caring for her siblings and running a market garden. Malcolm, p. 128; CAHW CH22/91, p. 148; J. Bradshaw, *Golden Prospects: Chinese on the West Coast of New Zealand*, Greymouth, West Coast Historical and Mechanical Society, 2009, pp. 78-79.

<sup>48</sup> Bloomfield, *‘Unfortunate Folk’*, p. 26.

<sup>49</sup> Bloomfield, *‘Unfortunate Folk’*, p. 27.

<sup>50</sup> CAHW CH22/88, p. 245; ANZ CRO, CHLA, CAHW CH22/91, p. 136; ‘Death of Mr J C Guinness’, *Grey River Argus*, 27 August 1904. Available from: Papers Past, (accessed 25 July 2016).



study of Irish patients in Yarra Bend, where only 3.0 percent of female patients were widowed.<sup>51</sup> This may reflect the slightly higher percentage of married women in Seaview Asylum compared to that of Yarra Bend (54.4 percent versus 44.0 percent), or could suggest a higher mortality rate of West Coast men compared to other mining societies.<sup>52</sup>

#### 4. Religion

The denominational affiliations of Seaview women were more difficult to ascertain, as religion was neglected in earlier casebooks. Moreover, religions stated by asylum doctors in the extant volumes were not always correct, and there were a few discrepancies found when utilising other sources. Victorian-born Alice Lines, for example, had been committed to Seaview for ‘delusions’ that included the charge of ‘improper relations’ between her husband and daughters. She was described in the 1888 casebook as ‘Wesleyan’, as a Catholic ten years later, and as an Anglican in the Pioneer Family Register.<sup>53</sup> Of the 117 women patients for whom religious affiliation can be established, a strong minority (43.6 per cent) were Roman Catholic (Appendix 5, Table 5.1). Anglican women, on the other hand, formed 34.2 percent of the asylum population for whom we have reliable data. This makes for an interesting point of comparison with the West Coast demographic, as Catholic and Episcopalian (which includes Anglicans and Protestants) were proportionately equal until 1896, when the Catholic percentage began to decrease and the Episcopalians increased (Appendix 5, Table 5.2). However, the strength of Catholicism distinguishes the West Coast from the rest of New Zealand, and this was influenced by the Irish constituting almost a quarter of the West Coast population.<sup>54</sup> This is supported by census statistics, as the decline of female Catholics in 1896 corresponds with the decrease of Irishwomen on the West Coast in the same period (Table 5.2 and Table 2.2).

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<sup>51</sup> Malcolm, p. 130.

<sup>52</sup> This theory is possibly supported by May’s observation that the six West Coast hospitals had a significantly higher number of admissions in 1867 in relation to the population than other parts of New Zealand. May, *The West Coast Gold Rushes*, p. 307.

<sup>53</sup> CAHW CH22/89, p. 183; CAHW CH22/91, p. 32; HMRC, PFR, no. 1342.

<sup>54</sup> L. Fraser, *Castles of Gold: A History of the West Coast’s Irish*, Dunedin, Otago University Press, 2007, p. 51. The correlation between the overrepresentation of Irish and Catholics is also recognised in the Otago case by Bloomfield, ‘*Unfortunate Folk*’, p. 27.

Furthermore, while the Anglican and Wesleyan ratios in Seaview generally echoed those of the general population, the percentage of Presbyterian women was decidedly higher than that in Seaview (16.6 percent in the 1886 census compared with 8.5 percent in the asylum). Perhaps the best explanation for this divergence is that the lower percentage of Presbyterians in the asylum is directly connected to the underrepresentation of Scottish women at Seaview.<sup>55</sup> This possibility is strengthened when comparisons are made with Otago, where Presbyterians comprised 44.0 percent of the general population and 39.7 percent of the patients at Dunedin Asylum (men and women).<sup>56</sup> Likewise, 37.4 percent of the asylum patients were Scottish and formed the second largest ethnic group in Otago in 1878 (22.7 percent).<sup>57</sup>

### 5. *Occupation*

The occupations of female patients, like ages and marital status, were generally well-recorded in the casebooks, and warrant close investigation. It is difficult to compare Seaview occupational ratios with those in censuses, given that occupational categories used in the latter changed, and that differentiating between domestic servants and those with ‘domestic duties’ is challenging.<sup>58</sup> These challenges in making broader statements about women’s occupations on the West Coast are compounded by a tendency in the historiography to focus on the occupations of specific groups of women such as the Irish,<sup>59</sup> birthplace without considering occupations,<sup>60</sup> or only male occupations.<sup>61</sup>

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<sup>55</sup> J. Black and D.M. Macrailld, *Nineteenth-Century Britain*, London, Palgrave Macmillan, 2003. p. 278.

<sup>56</sup> Bloomfield, ‘*Unfortunate Folk*’, p. 27.

<sup>57</sup> Percentage of asylum patients calculated using statistics in A. McCarthy, ‘Exploring ethnicity and ethnic identities in New Zealand lunatic asylums before 1910’, in R McClean, B. Patterson, and D. Swain (ed.), *Counting Stories, Moving Ethnicities: Studies from Aotearoa New Zealand*, Hamilton, University of Waikato Faculty of Arts and Social Sciences, 2012, p. 191; SNZ, *Results of a Census 1878*, 1878.

<sup>58</sup> SNZ, *Results of a Census 1878*, 1878; SNZ, *Results of a Census 1886*, 1886, SNZ, *Results of a Census 1896*, 1896.

<sup>59</sup> Examples include E. Malcolm, ‘Mental Health and Migration: The Case of the Irish, 1850s-1990s’ in A. McCarthy and C. Coleborne (ed.), *Migration, Ethnicity, and Mental Health: International Perspectives, 1840-2010*, New York and London, Routledge, 2012, pp. 15-38; and P. Prior (ed.), *Asylums, Mental Health Care, and the Irish*, Dublin, Irish Academic Press, 2012.

<sup>60</sup> Examples include McCarthy, *Migration, Ethnicity and Madness*.

<sup>61</sup> Examples include P.R. May, *The West Coast Gold Rushes*, Christchurch, Pegasus Press, 1962, although May does briefly touch upon a few occupations for women on the goldfields; Bloomfield, ‘*Unfortunate Folk*’, pp. 21-33; and J. Phillips, ‘Provincial and Gold-rush years, 1853-70’, *British & Irish immigration, 1840-1914*,

Seaview women came from a variety of backgrounds, as their occupations show (Appendix 6, Table 6). These range from hotelkeepers and storekeepers, who owned their own businesses, to domestic servants, and washerwomen and prostitutes, who occupied the lower echelons of goldfields society. It is perhaps unsurprising, given the high ratio of married women, that more than half of the Seaview women had their occupation listed as ‘housewife’ or ‘domestic duties’, while domestic servants formed the second greatest proportion at 28.6 percent. Domestic servants were in high demand on the West Coast, and studies of Irishwomen living there indicate that most had been employed as domestic servants in Australian and New Zealand colonies before marriage.<sup>62</sup> This suggests that the preponderance of women engaged in both paid and unpaid domestic roles in the asylum again echoes dominant social trends.

The Seaview women who occupied the bottommost strata of society as washerwomen and prostitutes are worth further consideration. Collectively, these women comprised 6.8 percent of women patients, and their case notes reveal the fluidity of occupations. That is, a number of these women had a second occupation stated. Both 26-year-old Australian Ellen O’Leary and 35-year-old Mary Ann Taylor (also known as Margaret Glinn), had their occupations stated as ‘prostitute’ in the casebook and ‘domestic servant’ in the admissions register.<sup>63</sup> Similarly, Mary Schlichting, a 40-year-old widow, was both a housewife and a washerwoman, likely due to the fact that this work could be done at home, so was convenient for women with families and no other means of supporting themselves financially.<sup>64</sup> This connection between financial instability and low status work also led to instances where women were employed as both washerwomen and prostitutes.<sup>65</sup> Unfortunately, a dearth of personal evidence from sources such as letters, diaries and census enumeration sheets precludes a more thorough examination into the circumstances that led these women into this line of work. Nonetheless, the asylum casebooks provide some insight, and although beyond the scope of this dissertation, court records may yield further insights for future researchers.

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2014, page 10 – Further information, <http://www.nzhistory.net.nz/files/documents/peopling3.pdf>, (accessed 4 July 2016).

<sup>62</sup> Fraser, *Rushing for Gold*, p. 180.

<sup>63</sup> CAHW CH22/87, p. 178; ANZ CRO, Register of patients, CAHW CH22/25, case 69; CAHW CH22/88, p. 36. ANZ CRO Register of patients (1872-1912), CAHW CH22/25, case 156.

<sup>64</sup> CAHW CH22/89, p. 73; Fraser, *Rushing for Gold*, p. 181.

<sup>65</sup> For instance, 45-year-old widow Caroline Ellis’ occupation before being admitted to the asylum was a washerwoman, and the cause for her dementia was declared as “intemperance and prostitution”. Register of patients, CAHW CH22/25, case 220; CAHW CH22/88, p. 47.

## **Summary**

The women committed to Seaview Asylum between 1872 and 1915 were a diverse group that included those from a variety of different ethnic backgrounds, faiths and ages. Despite the diversity within the asylum, many of the Seaview women were Irish, married, between 26 to 35 years old and predominantly Catholic. While some ratios in the asylum population generally correspond to trends in the general population, there are also many that do not, namely the overrepresentation of Irishwomen and widows. This empirical data suggests that a variety of social factors, such as the death of a mother or spouse, influenced asylum committal to a certain extent.

## Chapter Two

### Femininity, Ethnicity, and Social Stressors

This chapter addresses broader issues and attitudes found on the West Coast that are influential colonial societies. These include attitudes towards femininity and ethnicity, as well as considerations of general living conditions. The first section aims to identify the most common diagnoses of insanity at Seaview from 1872 to 1915 and discuss how these relate to constructions of / ideas of colonial femininity and broader societal trends. The next will address the ways that ethnicity was viewed on the goldfields, focusing on the ways these broader attitudes were reflected in the asylum casebooks through their influence on medical professionals and patients. Identifying the causes of lunacy from asylum casebooks is precarious for many reasons, as “we are not simple creatures”.<sup>66</sup> One of these difficulties is that records do not always state causes and those that are given were generally not comprehensive. They are however, highly suggestive. The final section explores the social influences on female insanity suggested in Chapter One within a discussion of the ‘stress versus selection’ debate in a West Coast context. It will focus on environmental stressors such as the harsh conditions on the goldfields, domestic concerns like death in the family, marital discord, and work conditions.

#### Defining ‘Madness’: Diagnoses and Colonial Femininity

While the clinical nature of nineteenth-century lunatic asylums meant that circumscribed diagnoses of insanity were based on a patient’s symptoms, the application of these diagnoses and the causes attributed to them were highly gendered.<sup>67</sup> This study does not attempt to assert that the Seaview women were merely victims of oppressive patriarchal social and

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<sup>66</sup> A. McCarthy, *Migration, Ethnicity and Madness: New Zealand, 1860-1910*, Dunedin, Otago University Press, 2015, p. 118; L. Appignanesi, *Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800 to the Present*, London, Virago Press, 2009, p. 542.

<sup>67</sup> C. Coleborne, *Insanity, identity and empire: immigration and institutional confinement in Australia and New Zealand, 1873-1910*, Manchester, Manchester University Press, 2015, pp. 150-151; See C. Coleborne, ‘Insanity, Gender and Empire: Women Living a “Loose Kind of Life” on the Colonial Institutional Margins, 1870-1910’, *Health and History*, vol. 14, no. 1, 2012, pp. 77-99. Available from: JSTOR, (accessed 29 March 2016) for an earlier version of these discussions; E. Showalter, *The Female Malady: women, madness and English culture 1830-1980*, London, Virago Press, 1987, pp. 3-7; W. Brunton, *Sitivation 125: a history of Seaview Hospital, Hokitika and West Coast mental health services, 1872-1997*, Hokitika, Seaview Hospital 125th Jubilee Committee, 1997, p. 22.

institutional structures, as feminist scholars like Elaine Showalter have argued in the past.<sup>68</sup> Rather, this section aims to address the ways that colonial concepts of femininity influenced how women were diagnosed and portrayed in Seaview casebooks. Mania, depression, delusions and dementia were the four most common diagnoses of female Seaview patients by a large margin: 37 women were diagnosed with some form of mania, 35 with depression and delusion respectively, and 26 with dementia (including eight with senile dementia).<sup>69</sup> The next most common diagnosis was ‘idiocy’/‘imbecility’, with nine patients diagnosed, six of whom were congenital.<sup>70</sup> Although these diagnoses were not gendered by definition, as mania, depression and dementia were common diagnoses in nineteenth-century asylums in general,<sup>71</sup> the causes and circumstances noted in the casebooks are discernibly gendered.

Coleborne presents a comprehensive analysis of the ways that colonial attitudes towards femininity are expressed in Yarra Bend asylum records, and argues that these attitudes are evident in “bodily descriptions, ideas about female sexuality and sex roles, and in the interpretations of women’s mental illness”.<sup>72</sup> This is expressed in casebooks through an overwhelming tendency for asylum professionals to approach female insanity using female biology and idealised maternal roles.<sup>73</sup> As a result, childbirth, pregnancy, menopause and menstruation were frequently given as causes for women’s insanity. Ellen McNeill, for example, a 32 year-old housewife, was admitted to Seaview in 1891 for postnatal mania, where she was said to be suffering from depression caused by lactation and predisposition to mental illness, while doctors attributed the cause of 52 year-old Mary Jane Bestie’s religious

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<sup>68</sup> Showalter, *The Female Malady*. See R.A. Houston, ‘Madness and Gender in the Long Eighteenth Century’, *Social History*, vol. 27, no. 3, 2002, pp. 309-326. Available from: JSTOR, (accessed 29 March 2016) for a discussion of this feminist line of argument.

<sup>69</sup> In nineteenth-century medicine, the term ‘dementia’ referred to ‘severe insanity’ more generally, and included the complete loss of intellectual faculties. The term ‘senile dementia’ was used to differentiate between these general cases and those that occur in the elderly. ‘Melancholia’ was also used in addition to ‘depression’.

<sup>70</sup> The term ‘congenital idiocy’ or ‘congenital imbecility’ was used to describe patients (often children) who had intellectual disabilities since birth.

<sup>71</sup> A. Roberts, ‘Extracts from the 1844 Report of the Metropolitan Commissioners in Lunacy’, <http://studymore.org.uk/xmad1844.htm#FormsofDisease>, (accessed 30 August 2016).

<sup>72</sup> Coleborne, *Insanity, identity and empire*, pp. 140-142.

<sup>73</sup> See E. Malcolm, ‘Irish immigrants in a colonial asylum during the Australian Gold Rushes, 1848-1869’ in P. Prior (ed.), *Asylums, Mental Health Care, and the Irish*, Dublin, Irish Academic Press, 2012, pp. 134-135 for a discussion for the Irish in Yarra Bend.

mania to menopause.<sup>74</sup> Therefore, although mania is not a “female malady”, it was made so by doctors ascribing the causes primarily to conditions unique to women.

This medicalisation of the female body is linked to the concept that female sexuality was harmful to mental health, and as such could contribute to triggering insanity. The close connection between open displays of female sexuality and sexually transmitted diseases undeniably influenced this view, especially considering that the “social evil of prostitution” was prevalent in goldfield communities.<sup>75</sup> Bridget McMahon, a 35 year-old prostitute who was born in Ireland and emigrated to Victoria before travelling to the West Coast, is one example of how the Seaview doctors connected female sexuality to insanity. Bridget was committed to Seaview with dementia in 1872 and the doctors stated how her life of prostitution, which also included “drink and excitement”, left her predisposed to the disorder with little chance of recovery.<sup>76</sup> However, the connection between female sexuality and insanity was not limited to prostitutes. For instance, the cause of Emily DiMing’s ‘imbecility’ was given as “sexuality caused by puberty”, despite the fact that she was epileptic.<sup>77</sup> Similarly, Elizabeth Snowden, a 23 year-old domestic servant, was admitted to Seaview in 1902 with sexual and religious delusions said to be caused by masturbation.<sup>78</sup> Moreover, instances of sexual assault were also included in the casebooks as contributing to insanity. What is startling is that they were treated as expressions of *female* sexuality, as in one case where there “was no moral doubt ... that she has been subject to legal rape”, yet the cause of her insanity was stated as “sexuality”.<sup>79</sup> These examples show how female sexuality was viewed as a cause not only for illnesses like dementia, as in Bridget’s case, but also for conditions patients were born with, like Emily’s epilepsy. This view of female sexuality inducing insanity was not restricted to intentional acts of open sexuality, but also to natural experiences of a woman’s life cycle and victims of sexual assault. Therefore, the expression of colonial attitudes towards femininity at Seaview conforms to Coleborne’s observation that

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<sup>74</sup> ANZ CRO, CHLA, CAWH CH22/89, p. 103 and p. 197. Menopause was alternatively referred to using the term ‘climacteric’.

<sup>75</sup> Coleborne, *Insanity, identity and empire*, p. 152; P.R. May, *The West Coast Gold Rushes*, Christchurch, Pegasus Press, 1962, pp. 288-289.

<sup>76</sup> ANZ CRO, CHLA, CAHW CH22/87, p. 170. 26 year-old Ellen O’Leary’s case-notes reflected the same pattern as, like Bridget, doctors associated her status as a prostitute and the accompanying overindulgence in alcohol with her affliction. They drew the conclusion that “there is scarcely any hope that she will ever become sane”. CAHW CH22/87, p. 178

<sup>77</sup> ANZ CRO, CHLA, CAHW CH22/91, p. 148.

<sup>78</sup> CAHW CH22/91, p. 77.

<sup>79</sup> CAHW CH22/91, p. 148; CAHW CH22/91, p. 77.

to contemporaries, “it was the female body, then, which signalled the potential for crisis, given its role in contributing to mental disease and mental breakdown”.<sup>80</sup>

Moreover, colonial attitudes towards women’s roles and conformity were highly influential in the way female insanity was understood and experienced. The importance of women’s domestic roles as wives and especially mothers are apparent in Seaview casebooks, with doctors often making statements surrounding a patient’s ability to adequately care for her children and whether or not she posed a threat to them. Eva Guinness was one of many women whose case-notes demonstrate this. They give extensive details about how she threatened to kill her children and herself, and neglected her housekeeping duties because of her depression.<sup>81</sup> Coleborne argues that this preoccupation with women’s effectiveness as mothers arises in part from concerns around hereditary diseases and population growth that was compounded in colonial societies, as “white women had become agents of colonisation” who were to “form a new society”.<sup>82</sup> These anxieties also reflect the “fragility of gender roles in the colonies”, as women on Australasian goldfields had greater opportunity to diverge from gender norms “as long as they maintained a veneer of respectability and chasteness”.<sup>83</sup> Women in asylums were consequently judged based on concepts of respectability and utility, and the extent that they conformed to idealised notions of femininity. This is clear in the extant Seaview casebooks, as every case remarks on women’s engagement in work at the asylum and relates this to their mental state. 32 year-old domestic servant Emma Beddick was in Seaview from 1872 until after 1915, and was described as a “willing and trustworthy worker”.<sup>84</sup> Mary Colgan, on the other hand, was characterised by her unwillingness to work, and this was seen as a cause of her lunacy. The telling description of Mary as a “childish and emotional, but cunning patient, whose chief peculiarity consists in a rooted aversion to work” and the fact that she was kept separate from others to avoid setting a bad example illustrates the significance that asylum doctors placed on patient’s utility.<sup>85</sup> Moreover, women who

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<sup>80</sup> Coleborne, *Insanity, identity and empire*, p. 142.

<sup>81</sup> CAHW CH22/91, p. 136. 22 year-old New Zealand-born Theresa Frances Hansen was admitted for postnatal depression in 1891 and 1905, and doctors raised similar concerns that she was neglecting the house and children. CAHW CH22/89, p. 79; CAHW CH22/91, pp. 147, 150.

<sup>82</sup> Coleborne, *Insanity, identity and empire*, pp. 153-155.

<sup>83</sup> Coleborne, p. 140; J. Bradshaw, “‘Forgetting Their Place’: Women of abandoned character on the Otago goldfields”, in L. Carpenter and L. Fraser (ed.), *Rushing for Gold: Life and Commerce on the Goldfields of New Zealand and Australia*, Dunedin, Otago University Press, 2016, p. 165.

<sup>84</sup> CAHW CH22/87, p. 154; ANZ CRO, CHLA, CAHW CH22/ 88, pp. 25 and 374; ANZ CRO, CHLA, CAHW CH22/90, p. 279.

<sup>85</sup> CAHW CH22/88, pp. 53, 334 and 376; CAHW CH22/90, pp. 87-90.



“crossed the boundaries of acceptable feminine behaviour”<sup>86</sup> by drinking alcohol, smoking, swearing, having ‘improper’ relations with men, or acting violently were viewed negatively in asylums. Their actions were treated as both symptoms and causes of insanity that needed to be corrected. Margaret Carmichael was a 23 year-old general servant in a hotel. She was repeatedly gaoled for alcoholism and was transferred to Seaview from the Hokitika gaol on 10 June 1887 as a clear case of ‘moral insanity’. Her violent temper, swearing, escape attempts, and lack of conformity to asylum rules drew particular attention and earned her the title of “the most troublesome woman in the house”. The statement that she “has been ... as civil as a woman of her kind usually is to the authorities of an institution”<sup>87</sup> is highly suggestive. It shows that doctors recognised that her actions were directly related to her personality and dislike of authority, and suggests that her prolonged confinement may have been – to a certain extent – a means of correcting her behaviour. So, the concerns and enforcement of colonial ideals of feminine duties and respectability are vividly expressed in the Seaview casebooks in terms of women’s experiences and treatment.

### **Goldfield Attitudes, Medical Professionals and Patients**

The ways that attitudes surrounding gender in colonial societies were reflected in asylum records and the way that mentally ill women were treated and classified in nineteenth-century asylums have been well covered in the historiography. However, as recent scholars of asylum histories have recognised, analysis of the connections between ethnicity and asylums has been less extensively utilised. Yet it provides another window through which to examine the ways that migration influenced perceptions and treatment of madness in the nineteenth century.<sup>88</sup> Scholars agree that although the West Coast was not unique as a racial ‘melting pot’, it differs from other goldfields through its generally more relaxed attitudes towards ethnicity.<sup>89</sup> Other than the Chinese, who were generally unwelcome on the goldfields, the

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<sup>86</sup> B. Labrum, ‘The boundaries of femininity: Madness and Gender in New Zealand, 1870-1910’ in W. Chan, D.E. Chunn and R. Menzies (ed.), *Women, Madness and the Law: A Feminist Reader*, London, Portland, and Coogee, GlassHouse Press, 2005, cited in Coleborne, *Insanity, identity and empire*, p. 141.

<sup>87</sup> CAHW CH22/88, pp. 309, 337, 404. This is reinforced by Seaview doctor’s blatant statement that 19 year-old Catherine Haddock’s violence and suicide attempts were indicative of a “case of hysteria combined with bad temper, and one which will be benefitted by a short time of asylum discipline”. CH22/89, p. 91.

<sup>88</sup> A. McCarthy and C. Coleborne (ed.), *Migration, Ethnicity, and Mental Health: International Perspectives, 1840-2010*, New York and London, Routledge, 2012, pp. 1, 7-8; Coleborne, *Insanity, identity and empire*, p. 142.

<sup>89</sup> L. Fraser, *Castles of Gold: A History of the West Coast’s Irish*, Dunedin, Otago University Press, 2007, pp. 20, 53-54, 120. This argument is also discussed in P.R. May, *The West Coast Gold Rushes*, Christchurch, Pegasus,

West Coast was characterised by these blurred ethnic boundaries.<sup>90</sup> This section will first discuss how these wider attitudes towards ethnicity on the goldfields are expressed by asylum professionals and patients, using casebook notes as a starting point.

Medical professionals, namely asylum doctors and superintendents, were also part of these larger migration networks, and as such were influenced by their own migration experiences, as well as these dominant attitudes towards ethnicity. One of the most striking ways in which these influences were expressed was in the casebooks. What differentiates the Seaview casebooks from those of the Seacliff and Dunedin Asylums in Otago and Yarra Bend in Victoria is the remarkably few intentional notes made regarding female patients' ethnicity. Both McCarthy and Coleborne note in their respective studies of Otago asylums and Yarra Bend that particular groups, namely the Chinese, Scandinavians, and Irish, were frequently and consciously singled out in official asylum records.<sup>91</sup> In comparison, instances where Seaview professionals consciously drew attention to ethnic groups in the casebooks were rare, with one example being Matilda Broderson, a 40 year-old dentist, who was described as "a large strongly built Norwegian woman".<sup>92</sup> Any remaining notes that draw attention to a female patient's ethnicity appear to be more a result of observation, rather than because of an interest in identifying a patient as part of a particular ethnic group. However, it is significant that any relation to the Chinese was mentioned, such as the broad characterisation of a woman "cohabitating with a Chinaman".<sup>93</sup> Although the Chinese were

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1962, p. 297-299. Fraser, for example, points out that ethnicity donned considerably greater significance for Irish migrants in Britain and America, where they faced restrictions and hostility due to rigid social hierarchies, than they did in Australia and New Zealand. As such, the Irish case is "characterised by successful adaptation and the rapid disappearance of ethnic boundaries, rather than by conflict and defensive unity".

<sup>90</sup> J. Bradshaw, *Golden Prospects: Chinese on the West Coast of New Zealand*, Greymouth, West Coast Historical and Mechanical Society, 2009, p. 14. Bradshaw argues that part art of this animosity stemmed from Chinese migrants being visibly different in terms of both appearance and culture, while M. Dawson also indicates the prevalence of fears surrounding racial degeneracy and white racial superiority in nineteenth century colonialism and medicine as a contributing factor to anti-Chinese sentiments. M. Dawson, 'A Degenerate Residuum?: The Migration of Medical Personnel and Medical Ideas about Congenital Idiocy, Heredy, and Racial Degeneracy between Britain and the Auckland Mental Hospital, c. 1870-1900', in A. McCarthy and C. Coleborne (ed.), *Migration, Ethnicity, and Mental Health: International Perspectives, 1840-2010*, New York and London, Routledge, 2012, pp. 93-94; Coleborne, *Insanity, identity and empire*, pp. 151; C. Coleborne, *Madness in the family: insanity and institutions in the Australasian colonial world, 1860-1914*, Basingstoke, Hampshire; New York, Palgrave Macmillan, 2010.

<sup>91</sup> McCarthy, *Migration, Ethnicity and Madness*, pp. 172-179; Coleborne, *Insanity, identity and empire*, pp. 143-144. In the case of Otago, these included conscious statements defining a person's ethnicity, such as "an Irishman" or "Chinaman", or identifying a patient's country or city of origin, as well as subtler statements that infer ethnicity from statements regarding delusions, as mentioned in Chapter One. German, Italian, Danish and particularly Irish migrants received the most obvious racialisation at Yarra Bend.

<sup>92</sup> CAHW CH22/90, p. 135; ANZ CRO, Register of patients, CAHW CH22/25, case 305.

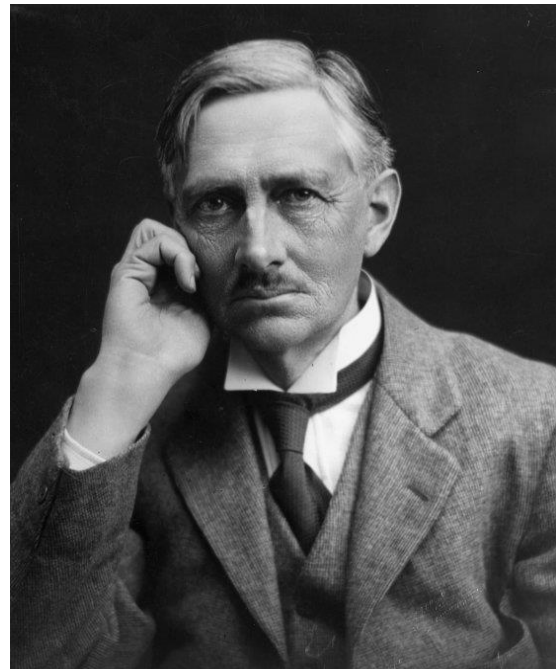
<sup>93</sup> One example is Lily Kum, CAHW CH22/91, p. 79.

also singled out in Otago asylum casebooks, the fact that Seaview medical professionals generally did not consciously draw attention to other ethnic categories is reflective to a great extent of West Coast attitudes towards ethnicity.



**Figure 4: Hugh Gribben, Superintendent of Seaview Lunatic Asylum, 1872-1904**

*Source:* W. Brunton, *Sitivation 125: a history of Seaview Hospital, Hokitika and West Coast mental health services, 1872-1997*, Hokitika, Seaview Hospital 125th Jubilee Committee, 1997, p. 16. Courtesy of the Hokitika Museum Research Centre



**Figure 5: Frederic Truby King, Superintendent of Seacliff Asylum, 1889-1920**

*Source:* H.H. Clifford, 1872-1949: Frederick Truby King. Original prints from ATL Photograph Section loose print sequence. Ref: PAColl-3861-31-01. Alexander Turnbull Library, Wellington, New Zealand. <http://natlib.govt.nz/records/22624036>

It is also important to note that the individual proclivities of asylum superintendents also influenced expression of ethnicity in asylum records. McCarthy emphasises this point by highlighting that the attitudes expressed in the Seacliff Asylum records mentioned above emerged while Frederic Truby King was Superintendent.<sup>94</sup> Moreover, Seacliff used racial labelling more extensively than private asylums like Ashburn Hall, where it was quite rare, and utilised tools like photographs and biological racial stereotypes.<sup>95</sup> Truby King was born in New Zealand to English parents, and studied and worked in Edinburgh, where he earned

<sup>94</sup> McCarthy, *Migration, Ethnicity and Madness*, p. 180-181.

<sup>95</sup> McCarthy, pp. 179-181.

his medical degree and studied brain disorders for a short time in 1894.<sup>96</sup> McCarthy suggests that this may have influenced his interest in racial biology and brain disorders, and surmises that his assumptions about the Irish may have reflected his experiences of increasing Irish migration into Scotland from the mid-nineteenth century.<sup>97</sup> Similarly, some elements of Seaview Superintendent Hugh Gribben's background may have contributed to the lack of ethnic stereotypes used in the casebooks, in addition to wider West Coast trends. He was born in Ballynahinch, County Down, Ireland in 1833 and emigrated to Victoria in 1857, where he had charge of asylums. The Provincial Government of Westland appointed Gribben as the Superintendent of Seaview in March 1871, where he remained until 1904.<sup>98</sup> It is possible that Gribben's Irish background, in addition to the relatively cosmopolitan environment on the West Coast at the time, influenced the lack of racialisation and conscious ethnic identification in the casebooks, as he was the superintendent for the vast majority of the period under examination. Nonetheless, doctors other than Gribben also contributed to the case-notes, and not all of the Seaview doctors, such as Swiss doctor Francesco Rossetti, were Irish. Yet it is important to consider the backgrounds of medical professionals in this way, as it shows how these doctors were part of the same migration patterns and broader ethnic relations as other West Coast migrants, including their patients.

Although the casebook notes were written by these medical professionals whose views shaped what was included, they provide interesting insight into the ways that broader attitudes towards ethnicity were expressed by Seaview patients individually. A close reading of the women's casebook notes, in addition to further research, indicates some of the ways that the blurred boundaries mentioned earlier were expressed in the lives of the patients. These include 'interracial' marriages or cohabitation and delusions or other behaviour in the asylum that reflect concerns surrounding other ethnic groups. Emina Bodowick (later alias, Minnie Bortorick), a 34 year-old German Protestant with 'delusional insanity', is a rare example of Protestant and Catholic tensions within Seaview. She was noted by doctors as

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<sup>96</sup> C. Caldwell, 'Truby King and Seacliff Asylum, 1889-1907', in B. Brookes and J. Thomson (ed.), *'Unfortunate Folk': Essays on Mental Health Treatment 1863-1992*, Dunedin, University of Otago Press, 2001, pp. 35, 44; McCarthy, pp. 180-181; 'KING, Sir Frederic Truby, C.M.G.', from *An Encyclopaedia of New Zealand*, A. H. McLintock (ed.), originally published in 1966. Te Ara - the Encyclopedia of New Zealand, updated 9 November 2011, <http://www.TeAra.govt.nz/en/1966/king-sir-frederic-truby-cmg>, (accessed 22 July 2016).

<sup>97</sup> McCarthy, p. 181. McCarthy also emphasises that his racial remarks about the Irish was likely not religiously motivated, as they encompassed both Protestants and Catholics.

<sup>98</sup> 'Obituary: Hugh Gribben', *Grey River Argus*, 27 January 1909, page 3. Available from: Papers Past, (accessed 28 July 2016).

making anti-Catholic statements, including that her menstruation was interfered with by “Catholic influence”.<sup>99</sup> Such examples appear to be far fewer at Seaview than the Otago asylums, where Irish Catholics and Protestants were the subject of hostility both inside and outside the asylum and thus is reflective of weaker ethnic and sectarian boundaries on the West Coast.<sup>100</sup> Conversely, there were also a few ‘interracial’ marriages and relationships in the asylum that reflect this greater social cohesion to a certain extent. Mary Carmine, a 41 year-old housewife was born in County Limerick, Ireland, and married Fransico Carmine, whose father was Italian and mother was Swiss, around 1883.<sup>101</sup> Moreover, Lily Kum, a 37 year-old housewife from Victoria, was noted as “cohabiting with Chinaman in Reefton” in 1902.<sup>102</sup> These cases illustrate some of the ways that different ethnic groups interacted on the West Coast in either in accordance or in spite of dominant attitudes towards ethnicity and ethnic identity.

### **‘Stress versus Selection’**

The previous sections illustrate prevalent attitudes towards femininity and ethnicity, and the ways that they were expressed in the lives of the female patients at Seaview. Many of the examples suggest that these attitudes were a source of stress for some of the patients and that this influenced their mental health. As the epitaph in the introduction indicates, the consequences of migrating from one country to another are significant, regardless of whether they are positive or negative. Littlewood and Lipsedge’s suggestion that the stress of migration is felt most strongly after living some years after settlement when “the new life in the adopted country has fallen short of expectations” is provocative, and leads to their arguments surrounding whether it is migratory ‘stress’ or ‘selection’ that results in mental illness. Social stressors faced upon arrival in the colony such as poverty, ramshackle canvas-towns, different languages and cultural values, and general living conditions tend to be given

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<sup>99</sup> CAHW CH22/90, p. 223. For an example of ethnic rather than religious tensions, Mary Bestie was said to have delusions that the other patients were “not British, but French or German” and that she needed to remain at Seaview for fourteen years “in which time the church will be ‘nationalised’”. CAHW CH22/89, p. 47 and 157; Register of patients, CAHW CH22/25.

<sup>100</sup> McCarthy, *Migration, Ethnicity and Madness*, pp. 196-198.

<sup>101</sup> HMRC, Stafford Cemetery Records, Row 2, Plot 67.

<sup>102</sup> Other illustrative examples are Wanganui-born barmaid Mary Cottrel Horn, who was married to a “respectable Chinaman”, and Emily DiMing, who was the child of one such union; her father, Harry Dyeming was born Tai Soy Ming in Canton, and her mother, Andrewina (Annie) was born in Hokitika. CAHW CH22/91, p. 88; CAHW CH22/91, p. 79; Bradshaw, *Golden Prospects*, p.78. See pages 76-79 for a narrative of Harry and his family’s lives on the West Coast.

more attention in recent historiography.<sup>103</sup> Consequently, this section will largely focus on social stressors as factors that influenced women's confinement in the asylum.

As mentioned earlier, conditions on the West Coast in its formative years were unforgiving, considering the preponderance of crude buildings, the constant threat of flood, fire, and filth. One contemporary observer from Nelson remarked that Hokitika had "nothing around it but sand, swamp and impenetrable bush, the only thing wanted to complete the misery of those who are compelled to reside there being a heavy flood or earthquake".<sup>104</sup> Although these conditions rapidly and significantly improved by 1865, many migrants still faced considerable environmental hardship. Emily DiMing and her family lived in a "hovel" that was "insanitary and dangerous to health", while Eliza Douglas and her family's house on Revell Street was one of many that often suffered severe flooding.<sup>105</sup> These were the bitter realities of colonial life on the West Coast goldfields, and were occasionally recognised as stress factors that could disturb migrant's mental health.

Previous studies of stress in goldfield societies tend to use men as their main examples, particularly miners. This is understandable, given that historical sources on men are more abundant than women, and that the conditions facing goldminers make effective examples for an argument emphasising the effect that stress could have on insanity. Some of the main conditions that appear in these arguments are the high chance of injury or death while goldmining, disappointment when their hopes of making their fortune were dashed, and exposure to the elements.<sup>106</sup> For instance, the term 'disappointment' occurred frequently in the Yarra Bend casebooks during the height of the rushes in 1853-4.<sup>107</sup> However, it is important to acknowledge that these male-oriented stressors would also have been a source of anxiety for women as well, as stressors do not occur in isolation according to gender. Specifically, many of these men had female relatives – wives, sisters, daughters and mothers – also in the colony who could be adversely affected by the hardships of their male family members. Spousal death, in particular, appears to be a major contributing factor in some women's admission to asylums like Seaview, and corresponds with the broader analysis of domestic concerns.

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<sup>103</sup> Littlewood and Lipsedge, p. 84; McCarthy, *Migration, Ethnicity and Madness*, pp. 111-126.

<sup>104</sup> Cited in P.R. May, *Hokitika: Goldfields Capital*, Christchurch, Pegasus Press, 1964, p. 29.

<sup>105</sup> Bradshaw, *Golden Prospects*, p. 78; HMRC, 'Douglas Family', biographical index, p. 1.

<sup>106</sup> McCarthy, *Migration, Ethnicity and Madness*, pp.115-116 and 121-124;

<sup>107</sup> Malcolm, *Asylums, Mental Health Care, and the Irish*, pp. 137-138.

Domestic anxieties and hardships are some of the most prominent social causes for insanity stated in Seaview records and are exemplified by death in the family, especially spouses and children, marital discord such as wife desertion, and general household anxieties. As stated earlier, a high proportion of the women at Seaview were widows at some point of their lives and many women also suffered the loss of children. These deaths caused great emotional stress for many of these women, and could play an integral part in their developing mental illness and being committed to Seaview. Eliza Douglas, a 62 year-old England-born housewife migrated to Auckland with her husband, William, and their two children before moving to Hokitika between 1867 and 1868. Eliza was committed to Seaview with suicidal depression in August 1896, a predisposing cause being her grief over the death of her 22 year-old daughter, Elizabeth Ruth from tubercular meningitis in 1893. This was exacerbated by domestic trouble, “as money matters have from time to time caused her a certain amount of worry”.<sup>108</sup>

Death was not the only cause of women suddenly losing a spouse, as wife desertion was prevalent on the West Coast, as it was for many goldfield colonies. Sidney Frith, whose tragic story was told earlier, is just one example of a woman who was left in dire straits and poor psychological condition when her husband abandoned her. Other women were less troubled by an absent husband than they were by a present one. Lancashire-born Hannah Kilner (née Barlow) and her husband William had a fractious relationship, with both having been gaoled for assaulting the other on several occasions.<sup>109</sup> William was tried for failure to support their three children and attempted murder in 1870, while Hannah was gaoled the same year for violent conduct, and was transferred to Seaview from the gaol in 1886. She was said to have “epileptic mania” caused by intemperance and an injury to the head, and was noted to be missing several teeth.<sup>110</sup> The last mention of Hannah before her death in 1887 was when she threatened to burn down her husband’s house with him inside it a few weeks after her discharge from the asylum.<sup>111</sup> Asylum doctors also observed that Hannah Moriarty’s

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<sup>108</sup> HMRC, ‘Douglas family’, biographical index, pp. 1-5; CAHW CH22/89, p. 295.

<sup>109</sup> HMRC, PFR, 904; CAHW CH22/88, p. 257; ‘Resident Magistrate’s Court, Greymouth’, *Grey River Argus*, vol. 26, issue 4255, 22 April 1882; *Grey River Argus*, vol. 26, issue 4259, 27 April 1882; *West Coast Times*, 25 January 1871; 2 March 1871; 6 December 1886; *West Coast Times*, Issue 6359, 6 December 1886. Available from: Papers Past, (accessed 11 July 2016).

<sup>110</sup> *West Coast Times*, 2 March 1871; 25 January 1871; 6 December 1886; CAHW CH22/88, p. 257.

<sup>111</sup> *West Coast Times*, Issue 6359, 6 December 1886. Two other examples include 50 year-old Mary Connelly and 19 year-old Jane Hutchison were both observed as having struck their husbands, as Jane, who was sick with a breast abscess, suspected her husband was having an affair with her nurse. CAHW CH22/89, p. 123; CAHW CH22/89, p. 285.

husband was abusing her, as her ill-health meant she was unable to do housework. They concluded that this contributed to her depression and attempted suicide, as she saw that “there was nothing left but to jump into the river”.<sup>112</sup> Such cases illustrate the variety of the ways that domestic difficulties could affect women on the West Coast and how these could result in mental illness and eventual committal to Seaview, and, for women like Hannah, gaol.

The previous chapter outlined the variety of occupations that the Seaview women were engaged in before their admission. A few of the stressors that housewives may have faced were examined previously, yet the so-called ‘working women’ were also exposed to other factors that contributed to the deterioration of their mental health. Jan Gothard argues that women’s “goals were much closer to those of men — focusing on employment and self-improvement” rather than simply husband hunting.<sup>113</sup> These sentiments were clear even in the asylum. For instance, Bridget McMahon, one of the prostitutes mentioned earlier, made her desire to become an asylum doctor’s housekeeper clear while at Seaview.<sup>114</sup> Domestic servants formed the second largest minority after housewives in Seaview, and their work conditions in addition to their living outside their family networks could put them at risk for mental breakdown.<sup>115</sup> Gertrude Grant, a single 23 year-old woman, went into service as a cook four years before her admission to Seaview in 1896, and her health deteriorated subsequently. Her work conditions meant that she “had to work hard that she neglected herself as to regularity of meals etc.” and sometimes required treatment for “nervous debility”.<sup>116</sup>

Occupations that gave goldfield societies and asylum professionals’ greatest cause for concern were hotelkeepers and barmaids. This was, in part, because of worries about their ‘moral virtue’, as argued earlier in this chapter, but was also because of their working environment.<sup>117</sup> The initial shortage of women on the West Coast made barmaids a valuable

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<sup>112</sup> CAHW CH22/89, p. 93.

<sup>113</sup> J. Gothard, *Blue China: Single Female Migration to Colonial Australia*, Carlton South, Victoria, Melbourne University Press, 2001, cited in C. Bishop, ‘Women on the Move: Gender, Money-Making and Mobility in Mid-Nineteenth-Century Australasia’, *History Australia*, vol. 11, no. 2, pp. 38-59. Available from: Routledge Taylor & Francis Group, (accessed 2 August 2016).

<sup>114</sup> CAHW CH22/87, p.87; CAHW CH22/88, p. 21; CAHW22/90, p. 43.

<sup>115</sup> Coleborne, *Insanity, identity an empire*, p. 146.

<sup>116</sup> CAHW CH22/89, p. 263. These workplace pressures were not limited to domestic servants. Annie Masters, a widowed storekeeper’s depression was attributed to menopause, but triggered by business worries. CAHW CH22/91, p. 153.

<sup>117</sup> For an entry into the lives of female hoteliers see S. Quick, “‘A Magnificent Stamp of a Woman’: Female sly grog sellers and hotelkeepers on the Central Otago goldfields 1861-1901’, in L. Carpenter and L. Fraser (ed.),



commodity, and the freedom these women experienced may have made it an appealing opportunity. However, the costs of this freedom were merciless contracts, long hours, and exposure to alcohol, cigarettes and men.<sup>118</sup> This fuelled concerns that work as barmaids and hoteliers “led women to poor lifestyles, alcohol abuse and made them more likely to ‘go off the rails’”.<sup>119</sup> There is perhaps some merit in this, as three of the six women who were barmaids or hotelkeepers were said to have mania or depression caused by alcohol.<sup>120</sup> Moreover, the attribution of Margaret Bourke’s mania to alcoholism appears accurate given that she was discharged recovered after only one month at Seaview, while Mary Horn’s depression caused by ill health may well have been influenced by a her life as a barmaid.<sup>121</sup> However, Coleborne argues that more women being admitted with conditions influenced by domestic worries and childbirth than barmaids and hotel workers shows that the stresses and effects of these working lives were not “destined to drive women mad”.<sup>122</sup> So, difficult working conditions and workplace anxieties could have negative effects on influence women’s mental health, but available evidence suggests that domestic concerns tended to be more significant.

## Summary

Colonial attitudes towards femininity and ethnicity were fundamental elements of West Coast goldfield society, and were expressed by the experiences and diagnoses of the Seaview women in many ways. Biology was seen as a fundamental influence on female insanity, with simple factors such as childbirth, menopause, puberty or sexuality often being attributed as exciting causes of mental illness. Sexuality and women’s conformity to idealised gender roles of respectability in particular were viewed through broader colonial concerns surrounding venereal diseases and the health of women as the nurturers of the emerging colony.

The blurred ethnic boundaries on the West Coast were evident in asylum records as expressed by both medical professionals and patients. The Seaview doctors differed from

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*Rushing for Gold: Life and Commerce on the Goldfields of New Zealand and Australia*, Dunedin, Otago University Press, 2016, pp. 151-164.

<sup>118</sup> May, *The West Coast Gold Rushes*, pp. 309-311; Coleborne, *Insanity, identity an empire*, p. 148.

<sup>119</sup> Coleborne, p. 148.

<sup>120</sup> One was suspected of alcoholism, one case did not have alcohol as a contributing factor, while another case was not stated.

<sup>121</sup> CAHW CH22/ 88, p. 157; CAHW CH22/91, p. 88; Coleborne, *Insanity, identity and empire*, p. 148.

<sup>122</sup> Coleborne, pp. 148-149.

those in Otago in the comparatively little attention they gave to ethnicity apart from the Chinese, who warranted special mention. Female Seaview patients also showcased examples of these blurred lines through ‘interracial’ marriages and relationships, yet there was also evidence of discrimination against particular ethnic and religious groups. However, this was still to a significantly lesser extent than other goldfields studied by historians

Although the ‘selection’ theory of the ‘stress versus selection’ debate holds true to a certain extent, given that congenital illnesses and potential heredity cannot be entirely ruled out or ignored, social stresses caused by migration and colonisation provide interesting insight into potential social causes of insanity on the West Coast. Some of the main considerations were domestic difficulties, such as death of children and spouses, domestic violence and desertion, while work environment could also contribute to the psychological distress experienced by some of the working women in Seaview.

## Conclusion

Migrants flocked to the West Coast goldfields during the rushes to seek their fortune or better opportunities in a new land. This was the case for many of the women confined to Seaview Lunatic Asylum between 1872 and 1915, whose new lives did not always live up to their expectations and instead led to misfortune. Seaview can be viewed as a microcosm of West Coast society in many respects, as it reflects wider trends and attitudes through the demographics of the female patients as well as their experiences and treatment.

The West Coast women were part of wider migration patterns during the nineteenth-century, and were highly mobile internationally and within New Zealand. A large proportion of women on the West Coast, as well as Seaview, were veteran colonials who had spent time on goldfields in Victoria or Otago, and among these were large minorities of Irish- and English-born women. A key facet of the Irish-born confined at Seaview is that although they comprised a large minority of female patients, they were underrepresented in proportion to their numbers in the general population. This is a notable divergence from current studies that suggest that the Irish-born were overrepresented in asylums throughout the diaspora. The majority of Seaview women, like West Coast women in general, lived in urban areas as housewives or worked as domestic servants. However, the Seaview women came from a variety of social strata, ranging from a judge's sister-in-law and hotelkeepers to washerwomen and prostitutes.

Colonial concepts of femininity influenced the ways women were diagnosed and portrayed in Seaview casebooks in a variety of different ways. The attribution of biological causes of female insanity made non-gender specific diagnoses like depression and mania 'female maladies'. Similarly, the assertion of female sexuality, be it deliberate or not, was a particular focus for asylum doctors, who saw it as potentially deleterious to mental health. These attitudes largely stemmed from the effects of colonialism, such as greater concerns surrounding venereal diseases, women's ability to care for their homes and children, and anxieties over the broader and less gendered opportunities available to women on the West Coast goldfields.

West Coast attitudes towards ethnicity differed from other goldfield colonies to a certain extent, and these are reflected both by Seaview patients and doctors. In general, ethnic boundaries were less tightly drawn than elsewhere so that ethnicity was significantly less

visible in Seaview records than in Otago and Victoria, with the exception of the Chinese and a handful of Central Europeans. Compared to Otago, Seaview doctors gave very little attention to patient's ethnicity and this was likely due to a combination of doctors' individual personalities and the effect of their own ethnic and migratory backgrounds. Similarly, the Seaview women illustrate the fluidity of ethnic boundaries as well as prejudices through 'interracial' marriages and derogatory remarks about particular ethnic or religious groups.

Social and environmental stressors from life on the goldfields were also influential factors in many women's committal to Seaview. More than half were married, with a higher proportion of widows than there were in other goldfield asylums. Marital discord and death of a spouse or child featured prominently in asylum records as causes for depression and mania. Other notable contributors were the harsh conditions on the West Coast exemplified by ramshackle shanties and the constant threat of floods, as well as stressful work environments that could contribute to alcoholism.

Overall, an analysis of the women at Seaview illustrates the corollaries of migration and colonialism on the West Coast goldfields and the ways that these affected the women who went to the goldfields to seek a better life. In particular, the similarities and differences between conditions on the West Coast and other goldfields reflect the significance of colonial attitudes and situational factors on women's experiences and portrayals of madness. Asylum records prove invaluable historical sources when studying colonial societies, as they provide glimpses into the lives of the women confined there, and allow for broader analysis of madness in goldfield communities. Connections between migration and insanity are suggestive and, as Angela McCarthy also argues,<sup>123</sup> indicate interconnections between migration and colonial attitudes, as both appear to have influenced women's confinement and experiences in the asylum in some way. In this respect, an analysis of madness at Seaview within the framework of migration is valuable, as it incorporates broader themes in West Coast society more generally while also increasing our understanding of experiences and potential causes of women's insanity during the gold rushes.

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<sup>123</sup> A. McCarthy, 'Migration and Madness in New Zealand's Asylums, 1863-1910', in A. McCarthy and C. Coleborne (ed.), *Migration, Ethnicity, and Mental Health: International Perspectives, 1840-2010*, New York and London, Routledge, 2012, p. 68.

# Appendices

## Appendix 1

**Table 1 Distribution of the West Coast's Female Population**

	1878		1886		1896		1906	
	N	%	N	%	N	%	N	%
<b>Westport</b>	528	8.3	847	12.9	1,215	19.1	1,728	26.7
<b>Greymouth</b>	1,309	20.6	1,519	23.2	1,565	24.6	2,185	33.8
<b>Brunner</b>	?	?	?	?	860	13.5	566	8.7
<b>Hokitika</b>	1,569	24.7	1,369	20.9	1,052	16.5	1,167	18.0
<b>Ross</b>	502	7.9	458	7.0	324	5.1	258	4.0
<b>Kumara</b>	531	8.4	499	7.6	586	9.2	443	6.8
<b>TOTALS</b>	4,439	69.9	4,692	71.6	5,602	88.0	6,347	98

### Notes

- (1.) Source: SNZ, *Results of a Census of the Colony of New Zealand for the night of the 3rd March 1878*, 1878, [https://www3.stats.govt.nz/historic\\_publications/1878-census/1878-results-census.html](https://www3.stats.govt.nz/historic_publications/1878-census/1878-results-census.html), (accessed 1 July 2016); SNZ, *Results of a Census of the Colony of New Zealand taken for the night of the 28th March 1886*, 1886, [https://www3.stats.govt.nz/Historic\\_Publications/1886-census/Results-of-Census-1886/1886-results-census.html](https://www3.stats.govt.nz/Historic_Publications/1886-census/Results-of-Census-1886/1886-results-census.html), (accessed 1 July 2016); SNZ, *Results of a Census of the Colony of New Zealand taken for the night of 12th April 1896*, 1896, [https://www3.stats.govt.nz/historic\\_publications/1896-census/1896-results-census/1896-results-census.html](https://www3.stats.govt.nz/historic_publications/1896-census/1896-results-census/1896-results-census.html), (accessed 1 July 2016); SNZ, *Results of a Census of the Colony of New Zealand Taken for the night of the 29th April, 1906*, 1906, [https://www3.stats.govt.nz/historic\\_publications/1906-census/1906-results-census/1906-results-census.html](https://www3.stats.govt.nz/historic_publications/1906-census/1906-results-census/1906-results-census.html), (accessed 1 July 2016).
- (2.) Percentages calculated using the following census figures of the total population of women in Westland District: 6,355 for 1878; 6,543 for 1886; 6,363 for 1896; and 6,472 for 1906.

## Appendix 2

**Table 2.1 Ethnicity of Female Patients at Seaview Asylum, 1872-1915**

	N.	%
<b>Irish</b>	31	18.8 (48.4)
<b>English</b>	8	4.8 (12.5)
<b>Scottish</b>	1	0.6 (1.6)
<b>Australian</b>	15	9.1 (23.4)
<b>[NZ born]</b>	4	2.4 (6.3)
<b>Cont. Europe</b>	4	2.4 (6.3)
<b>Other</b>	1	0.6 (1.6)
<b>Not Stated</b>	101	61.2 (n/a)
<b>TOTAL</b>	165 (64)	

### Notes

- (1.) Sources: ANZ CRO, CHLA, CAHW CH22/87; ANZ CRO, CHLA, CAHW CH22/88; ANZ CRO, CHLA, CAHW CH22/89; ANZ CRO, CHLA, CAHW CH22/90; ANZ CRO, CHLA, CAHW CH22/91; ANZ CRO, Register of patients, CAHW CH22/25; ANZ CRO, SHCB, CAUY CH388/20; CAUY CH388 12251/21; CAUY CH388/22; ANZ WRO Passenger Lists; HMRC, Biographical Indexes; HMRC, PFR; HMRC, Marriage and burial records; HMRC, Family histories and genealogies; *Grey River Argus*, 1882, 1893, 1904, 1909.
- (2.) Values in brackets are the percentage of the patient population whose ethnicities were ascertainable (n = 64).
- (3.) 'Other': Half-Chinese (NZ born) x1; 'Continental Europe': Italian x2; Norwegian x1; German x1.

**Table 2.2 Birth Places of the West Coast's Female Population**

	1867	1878		1886		1896		1906		1916	
	%	N	%	N	%	N	%	N	%	N	%
Ireland	32.6	1,650	31.7 (17.5)	1,503	32.3 (13.7)	1,272	30.8 (10.0)	967	25.3 (6.7)	691	17.2 (4.4)
England	34.0	1,432	27.5 (15.2)	1,355	29.1 (12.4)	1,285	31.1 (10.1)	1,116	29.2 (7.8)	1,365	34.0 (8.7)
Scotland	14.3	585	11.2 (6.2)	653	14.0 (6.0)	604	14.6 (4.7)	516	13.5 (3.6)	755	18.8 (4.8)
Australia	?	1,117	21.4 (11.8)	856	18.4 (7.8)	723	17.5 (5.7)	1,000	26.2 (7.0)	939	23.4 (6.0)
Cont. Europe	?	294	5.6 (3.1)	170	3.7 (1.6)	147	3.6 (1.2)	122	3.2 (0.9)	89	2.2 (0.6)
Other	?	130	2.5 (1.4)	177	2.5 (1.1)	102	2.5 (1.1)	96	2.5 (0.7)	180	4.5 (1.1)
TOTALS											
Foreign-born		5,208		4,654		4,133		3,817		4,019	
NZ-born		4,222		6,292		8,595		10,525		11,665	

*Notes*

- (1.) Sources: *Census of New Zealand*, 1878–1916. The figures for 1867 have been extracted from Murray McCaskill, 'The Historical Geography of Westland before 1914', PhD thesis, University of Canterbury, 1960, pp. 6/17, 6/18, 6/21 and 7/17. McCaskill's estimates are based on a sample of 1600 people whose birthplaces were recorded in the annual reports of the Hokitika, Grey River and Reefton Hospitals, over the years 1866 to 1874. These figures do not distinguish between males and females. (Courtesy of Lyndon Fraser).
- (2.) The percentages displayed in brackets record the respective proportions of the foreign-born components in relation to the entire population.
- (3.) Although Scottish-born women outnumbered their Irish-born counterparts across the entire region in 1916, this pattern does not hold for the provincial district of Westland. Here, females of Irish birth comprised 25.0 per cent of the foreign-born population compared with a much smaller proportion of Scots (13.0 per cent).

## Appendix 3

**Table 3 Ages of Female Patients at Seaview Asylum, 1872-1915**

	N.	%
<b>Under 10</b>	4	2.4
<b>11-18</b>	8	4.8
<b>19-25</b>	22	13.3
<b>26-35</b>	43	26.1
<b>36-45</b>	37	22.4
<b>46-55</b>	22	13.3
<b>56-65</b>	12	7.3
<b>66-75</b>	8	4.8
<b>75 +</b>	3	1.8
<b>Not stated</b>	6	3.6
<b>TOTAL</b>	165	

*Notes*

(1.) Sources: ANZ CRO, CHLA, CAHW CH22/87; ANZ CRO, CHLA, CAHW CH22/88; ANZ CRO, CHLA, CAHW CH22/89; ANZ CRO, CHLA, CAHW CH22/90; ANZ CRO, CHLA, CAHW CH22/91.

(2.) Ages at first admission used, and youngest age in age range used.



## Appendix 4

**Table 4.1 Marital Status of Female Patients at Seaview Asylum, 1872-1915**

	N.	%
<b>Single</b>	42	26.3
<b>Married</b>	87	54.4
<b>Widow</b>	27	16.9
<b>Not stated</b>	4	2.5
<b>TOTAL</b>	160	

*Notes*

- (1.) Sources: ANZ CRO, CHLA, CAHW CH22/87; ANZ CRO, CHLA, CAHW CH22/88; ANZ CRO, CHLA, CAHW CH22/89; ANZ CRO, CHLA, CAHW CH22/90; ANZ CRO, CHLA, CAHW CH22/91.
- (2.) The four children under 10 (five kids under 14) have been excluded from these stats, so consists of the remaining 160 women and girls (age 14 and up).
- (3.) Marital status stated at admission has been used, but is worth noting that some women were married or widowed on later readmissions.
- (4.) In instances where women are married but separated and/or cohabitating with other men, they are counted as married.

**Table 4.2 Marital Status of the West Coast's Female Population**

	1878		1886		1896		1906	
	N	%	N	%	N	%	N	%
<b>Single</b>	171	18.9	286	29.5	1,930	45.8	1,959	43.9
<b>Married</b>	699	77.4	645	66.4	1,931	45.8	2,044	45.8
<b>Widow</b>	33	3.7	40	4.1	352	8.4	456	10.2
<b>Unspecified</b>	-	-	-	-	-	-	8	0.2
<b>Totals</b>	903		971		4,213		4,467	

*Notes*

- (1.) Sources: SNZ, *Results of a Census 1878*, 1878; SNZ, *Results of a Census 1886*, 1886; SNZ, *Results of a Census 1896*, 1896; SNZ, *Results of a Census 1906*, 1906.
- (2.) Girls under 14 have been excluded from the statistics.

## Appendix 5

**Table 5.1 Religions of Female Patients at Seaview Asylum, 1872-1915**

	N.	%
<b>Catholic</b>	51	30.9 (43.6)
<b>Anglican</b>	40	24.2 (34.2)
<b>Wesleyan</b>	8	4.8 (6.8)
<b>Presbyterian</b>	10	6.1 (8.5)
<b>Other</b>	8	4.8 (6.8)
<b>Not Stated</b>	48	29.1 (n/a)
<b>TOTAL</b>	165 (117)	

*Notes*

- (1.) Sources: ANZ CRO, CHLA, CAHW CH22/87; ANZ CRO, CHLA, CAHW CH22/88; ANZ CRO, CHLA, CAHW CH22/89; ANZ CRO, CHLA, CAHW CH22/90; ANZ CRO, CHLA, CAHW CH22/91
- (2.) Numbers in brackets show the percentage excluding those where religion is not known. That is, the total used is 117, rather than 165.
- (3.) Where multiple religions are stated/ in instances where religion has changed, religion stated on admittance or earliest religion stated is used.
- (4.) Other: Salvation Army x 1; No Faith x 1; Methodist x1; Lutheran x 2; Protestant x3.

**Table 5.2 Religion of the West Coast's Female Population**

	1867		1878		1886		1896		1906		1916	
	%	N	%	N	%	N	%	N	%	N	%	
Roman Catholic	32.6	3,460	36.7	3,887	35.5	4,102	32.2	4,454	31.1	4,160	26.5	
Episcopalian	34.0	3,490	37.0	3,737	34.1	4,692	36.9	5,835	40.7	5,876	37.5	
Presbyterian	14.3	1,308	13.9	1,813	16.6	2,014	15.8	2,297	16.0	2,678	17.1	
Wesleyan	?	546	5.8	774	7.1	1,027	8.1	918	6.4	1,241	7.9	
Other	?	626	6.6	735	6.7	893	7.0	838	5.8	1,729	11.0	
TOTALS		9,430		10,946		12,728		14,342		15,684		

*Notes*

- (1.) Sources: *Census of New Zealand, 1878–1916* (Courtesy of Lyndon Fraser).

## Appendix 6

**Table 6 Occupation of Female Patients at Seaview Asylum, 1872-1915**

	N.	%
<b>Domestic Duties/housewife</b>	84	52.2
<b>Domestic Servant</b>	46	28.6
<b>Cook</b>	2	1.2
<b>Barmaid</b>	2	1.2
<b>Hotelkeeper</b>	6 (3)	3.7
<b>Milliner/dressmaker</b>	2	1.2
<b>Storekeeper/green grocer</b>	2	1.2
<b>Prostitute</b>	5	3.1
<b>Washerwomen</b>	6	3.7
<b>Other</b>	10	6.2
<b>Not Stated</b>	17	10.6
<b>TOTAL</b>	182 (161)	

### *Notes*

- (1.) Sources: ANZ CRO, CHLA, CAHW CH22/87; ANZ CRO, CHLA, CAHW CH22/88; ANZ CRO, CHLA, CAHW CH22/89; ANZ CRO, CHLA, CAHW CH22/90; ANZ CRO, CHLA, CAHW CH22/91; ANZ CRO, Register of patients, CAHW CH22/25.
- (2.) Four children excluded, leaving total number of patients included 161.
- (3.) Domestic duties/housewife and marital duties all counted under 'domestic duties'.
- (4.) 'Domestic' is taken to mean domestic servant (includes: housemaid, domestic servant, and general servant).
- (5.) Hotelkeeper includes hotelkeepers and hotelkeeper's wives.
- (6.) No. in bracket in Totals is the sample size of patients; no. in bracket is no. of hotelkeepers wives out of the hotelkeepers (two hotelkeepers, three hotelkeeper's wives).
- (7.) Other: dentist x1; laundress x2; pension x1; prisoner x1; midwife x1; waitress x1; Sister of Mercy x 1; schoolgirl x1; help with family business x1.

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